# CHILD INTAKE INFORMATION

_____ _____ _____

Child's Full Name Birth Date Phone

_____

Child's Address City State Zip

Name Child is called _____

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**Parent or Guardian Info**

_____

Name

_____

Home Address & Phone

_____

Place of Work & Position

_____

Work Address & Phone

**Parent or Guardian Info**

_____

Name

_____

Home Address & Phone

_____

Place of Work & Position

_____

Work Address & Phone

## Pick-Up Permissions

I hereby give permission for my child to leave Josiah's Playground with the following persons named below. It is my responsibility as the parent/guardian to notify the Office in person of any changes to this form.

| **Name** | **Emergency Contact** | **Phone** (during daycare hours) | **Relationship** |
|---|---|---|---|
| _____ | ☐ | _____ | _____ |
| _____ | ☐ | _____ | _____ |
| _____ | ☐ | _____ | _____ |
| _____ | ☐ | _____ | _____ |
| _____ | ☐ | _____ | _____ |
| _____ | ☐ | _____ | _____ |

Anyone **NOT** permitted to pick up my child (with copy of court order, if applicable): _____

_____ _____

Signature of Parent/Guardian Date Signed

_____ _____

Signature of Parent/Guardian Date Signed