

**MASTER CARD**  
**River Road Day Care North, Inc.**

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthday: \_\_\_\_\_

	<b>Mother</b>	<b>Father</b>
Name		
Address		
Employer		
Cell Phone #		
Work Phone #		
Email Address		

Person with whom the child lives: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Dentist's Phone #: \_\_\_\_\_

Individuals (if both parents aren't available) to contact in case of an emergency:

<b>Name</b>	<b>Relationship</b>	<b>Phone #</b>

Does your child have any food allergies? YES NO

Does your child have any other allergies? YES NO

Does. Your child have any dietary restrictions? YES NO

Please explain any "YES" answers here: \_\_\_\_\_

.....

My child has permission to be released to the following individuals or transportation services in addition to emergency contact persons listed above. These individuals must show proof of identity when picking up child.

<b>Name</b>	<b>Relationship</b>

I authorize the facility to secure emergency medical treatment for my child. \_\_\_\_\_ (Initial)

I have read the parent handbook and agree to abide by its contents. \_\_\_\_\_ (Initial)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_