



Contact and Release Information:

Child's Name: _____
Custodial Caregiver: Mother _____ Father _____ Both Parents _____ Legal Guardian _____
Other (specify) _____

Your child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove your child from the facility in case of illness, accident, or emergency in the event the custodial parent or legal guardian cannot be reached:

Name: _____ Relationship _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Name: _____ Relationship _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Name: _____ Relationship _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Name: _____ Relationship _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Other helpful information about your Child:

By signing below, you verify that you have received the above items and that all information on this enrollment form is complete and accurate and that you have received and reviewed the Central Baptist Church Kid Care Policies and Procedures.

Parent/Guardian Signature

Date

State of Florida
County of Okaloosa

The foregoing instrument was acknowledged before me this _____ day of _____ in the year _____ by _____ who personally appeared and who is personally known to me or who has produced _____ as identification.

SEAL

Notary Public, State of Florida