



# Parkview Christian Childcare Center

## CHILD IDENTIFICATION SHEET

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Home Address \_\_\_\_\_ ZIP \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Other siblings attending PCCC \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Phone Number School Should Call First \_\_\_\_\_

**LIST IN ORDER** the people Parkview Christian Childcare Center may call in an emergency when parents cannot be reached. This is also the list of individuals who may pick up your child without prior notice to the school. All persons on this list must be at least 18 years of age.

- |           |             |
|-----------|-------------|
| 1. _____  | Phone _____ |
| 2. _____  | Phone _____ |
| 3. _____  | Phone _____ |
| 4. _____  | Phone _____ |
| 5. _____  | Phone _____ |
| 6. _____  | Phone _____ |
| 7. _____  | Phone _____ |
| 8. _____  | Phone _____ |
| 9. _____  | Phone _____ |
| 10. _____ | Phone _____ |
| 11. _____ | Phone _____ |

***Additional names and addendums to this list should be completed on the back of this form.***

Child's Code \_\_\_\_\_ (not to be given out to others picking up child)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_