

Brandi's Place Early Learning and Child Care Center

Updated Information Packet

Date: _____ Child's Birthday _____

Child's Name: _____

Child's Address: _____

City, Zip: _____

Mother's Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Father's Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Authorized to Pick up:

NOT Authorized to Pick up:

Emergency Contact #1 (Other than Parent – Must be within a 20 mile radius):

Name: _____

Relationship to Child: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Emergency Contact #2 (Other than Parent – Must be within a 20 mile radius):

Name: _____

Relationship to Child: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Doctor's Name: _____

Doctor's #: _____

Known Allergies: _____

Primary phone # that you would like your child/children to learn:

Address you would like your child/children to learn:
