

1. Emergency Contact/Release Information

_____ Child's Name		_____ Date of Birth		M	F
				Sex	
_____ Parent's/Guardian's Name		_____ Parent's/Guardian's Name			
() _____ Home Phone	() _____ Work Phone	() _____ Home Phone	() _____ Work Phone		
() _____ Cell Phone	_____ Email	() _____ Cell Phone	_____ Email		
_____ Address		_____ Address			
_____ City, ST ZIP Code		_____ City, ST ZIP Code			

2. PRIMARY RELEASE PERSON*

*The persons designated in this section will drop off and pick up my child on a **permanent/ regular basis**

_____ Name of Person		_____ Name of Person			
() _____ Home Phone	() _____ Work Phone	() _____ Home Phone	() _____ Work Phone		
() _____ Cell Phone	_____	_____ Cell Phone	_____		
_____ Relationship to child		_____ Relationship to Child			

3. Alternative Emergency Contacts & Release Persons*

(Do not include parent/guardian) The persons designated in this section will be contacted by Smith Mills and are authorized to pick up my child **IF THERE IS A MEDICAL OR OTHER EMERGENCY AND I CANNOT BE REACHED**

_____ Name of Person		_____ Name of Person			
() _____ Home Phone	_____	() _____ Work Phone	_____		
() _____ Cell Phone	_____	_____ Cell Phone	_____		
_____ Relationship to child		_____ Relationship to child			

4. CONTINGENCY RELEASE PERSONS*

(Do not include parent/guardian) The persons designated in this section are authorized to pick up my child on an occasional basis, with or without my advance notification, and may be contacted by Smith Mills to pick up my child after our scheduled closing time if I fail to arrive and cannot be reached.

_____ Name of Person		_____ Name of Person			
() _____ Home Phone	_____	() _____ Work Phone	_____		
() _____ Cell Phone	_____	_____ Cell Phone	_____		
_____ Relationship to child		_____ Relationship to child			