

Albany Early Learning Center
MASTER CARD FOR DAY CARE FACILITY

Date of Admission _____

Child's Name _____ sex _____

Birth date _____

Home Phone #. _____

Cell Phone _____

Name and Address:

Father _____
Name

_____ Mailing and Physical Address

_____ City State zip code

Mother _____
Name

_____ Mailing and Physical Address

_____ City State Zip Code

Person to call in an emergency when parent cannot be reached:

1. _____

2. _____

Father's employment _____

Work telephone # _____ Home # _____

Mother's employment _____

Work Telephone # _____ Home Phone # _____

In regards to the child describe the following, if applicable:

Habits _____

Likes _____

Dislikes _____

Favorite pastimes _____

Favorite Food _____

Past Illnesses _____

Childhood Diseases: _____

Prescribed Medications and Drugs of which this school should be aware of? _____

(yes) or (no) If yes, List

Person (s) to whom child may be released: 1. _____

2. _____

3. _____

Person (s) my child may not be released: _____

I hereby authorize this facility :

1. To care for my child during the time he/she is in the facility;
2. In accordance with the provisions of La. Civil Code Art. 2997(7), I hereby authorize the Director, Linette Vicknair or her designee, to obtain and consent to emergency medical treatment for my child while under their care, in the event that the Director or her designee is unable to contact me.

Date

Parent(s) or Legal Guardian's Signature

Note: This is very important, should you change employment, phone number, etc. notify us so we can update you child's personal file immediately. This is very important in case of emergency. Update your child's shot records as needed.