

Additional Information:

In case of emergency, if neither parent (guardian) can be notified, whom shall we contact:

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Persons permitted to pick up child(ren) from center:

Persons **not permitted** to pick up child(ren) from center:

Please list **ANY** information that will help us provide for your child while at the center:
(any allergies-food, medication, etc.)

I have received and read the BCSS ABC Handbook. _____ (Parent Initials)

Signature of parents/guardians:

_____ Date: _____

* Please have plans made for days there is no ABC because of weather *