

Play Date Family Quick Reference

Please complete this form for each child you have in the program

Today's Date: _____

► Child: _____
First M.I. Last

Birthdate: _____

► **Known Allergies***: _____ *please spell correctly

► Pediatrician: _____

Pediatrician's Office ☎ () - _____

► Mother's Name: _____
First Last

► Father's Name: _____
First Last

► Current Physical Address: _____ Zip Code: _____

► Email: _____

Home ☎ () - _____
Mom's cell ☎ () - _____
Dad's cell ☎ () - _____

► Work Company – Address – Phone Numbers with any extensions

#1 _____ Mom or Dad's Employer? _____

Street Address: _____ City: _____

☎ () - _____ ex. _____
If applicable . . .

#2 _____ Mom or Dad's Employer? _____

Street Address: _____ City: _____

☎ () - _____ ex. _____

► AT LEAST ONE and up to Three **LOCAL** friends/relatives we can contact in case of an emergency **AND** who are authorized to pick your child(ren) up from our program. Please include their physical address along with phone numbers and cell numbers. **Those listed below will be contacted if we are unable to reach a parent within 30 minutes.**

#1 Name: _____ Relationship to child(ren) _____

Address: _____

Home Phone() - _____ Cell Phone() - _____ Work Phone() - _____

#2 Name: _____ Relationship to child(ren) _____

Address: _____

Home Phone() - _____ Cell Phone() - _____ Work Phone() - _____

#3 Name: _____ Relationship to child(ren) _____

Address: _____

Home Phone() - _____ Cell Phone() - _____ Work Phone() - _____

If either parent and those who are listed above are not available to pick up your child then Truckee Police Department will be contact for consultation on how to proceed with the well-being of your child.