

**Kiddie Kare
Child Care Ministry**

A Ministry of the Winona Lake Free Methodist Church
Child Care Emergency Contact Information and Consent Form

Child's Full Name: _____

Nickname (Name staff will use): _____

Date of Birth: _____

Grade: _____

Parent/Guardian Name (1st Contact): _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Parent/Guardian Name (2nd Contact): _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Emergency Contacts

(Persons to whom child may be released if guardian is unavailable)

1st Contact Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

2nd Contact Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Child's Source of Medical Care

Physician's Name: _____

Address: _____

Phone: _____

Dentist's Name: _____

Address: _____

Phone: _____