Pittsburg Community Child Care Learning Center
Emergency Contact Form

Child's Name: _____ Birthdate: ___/___/___ M F

Preferred Physician: _____ Phone: _____

Parents/Guardians: _____

Address: _____

Home Phone: _____ Cell Phone #: _____

Add. Cell Phone #s: _____

Parent/Guardian Employer: _____

Address: _____

Work Phone: _____ Extension: _____

Work Hours: _____

Parent/Guardian Employer: _____

Address: _____

Work Phone: _____ Extension: _____

Work Hours: _____

Contact Persons and Authorization for pick-up

Name	Relationship	Contact Phone	Work/Cell	Authorization for Pick Up
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No