

Christina Kent Early Childhood Center

Primary Contact Information (Parents)

Child's Name: _____

First Parent's Name: _____ Phone No. _____
Cell No. _____

Second Parent's Name: _____ Phone No. _____
Cell No. _____

Pick-up/ Emergency Contact Authorization

1. _____
Name Relationship Phone No.
2. _____
Name Relationship Phone No.
3. _____
Name Relationship Phone No.
4. _____
Name Relationship Phone No.
5. _____
Name Relationship Phone No.

All the above contacts are 18 years of age or older and I give Christina Kent Early Childhood Center permission to release my child to the people listed above.
I understand that I must notify CKECC in writing if there are any changes.

Parent / Guardian Signature

Date