

Wee Love Learning Identification and Emergency Information

(To be completed by the Parent or Guardian in-full)

****The schedule you provide MUST be followed, unless you have 24-hour prior approval for early drop-off or late pick-up from WLL Management.**
A \$25.00 non-scheduled drop-off / late pick-up fee will be assessed and added to your regular childcare billing.

****REQUIRED CHILD SCHEDULE****

Up to 10 hours a day

<u>Monday</u> --	<u>Tuesday</u> --	<u>Wednesday</u> --	<u>Thursday</u> --	<u>Friday</u> --
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Child's Name: _____ Age: _____ Birthday: ____ / ____ / ____

Sex: M / F (please circle) or Identifies as: _____ Pronouns: He/Him She/Her They/ Them (Please circle)

Race: _____ Religion: _____

Child's living arrangements: (Circle One) Both Parents Mother Father Legal Guardian(s) Foster Parent(s) Other

Child's Legal Guardian(s): (Circle One) Both Parents Mother Father Legal Guardian(s) Foster Parent(s) Other

Parent Name: _____ Race: _____ Religion: _____

Sex: M / F (Please circle) or Identifies as: _____ Pronouns: He/Him She/Her They/ Them (Please circle)

Parent Home Number: (____) _____ Parent Cell Number: (____) _____

Parent Home Address _____ City _____ State _____ Zip Code _____

(____) _____
Parent Place of Work _____ Parent Work Number _____

Parent Email Address: _____

Parent Name: _____ Race: _____ Religion: _____

Sex: M / F (Please circle) or Identifies as: _____ Pronouns: He/Him She/Her They/ Them (Please circle)

Parent Home Number: (____) _____ Parent Cell Number: (____) _____

Parent Home Address _____ City _____ State _____ Zip Code _____

(____) _____
Parent Place of Work _____ Parent Work Number _____

Parent Email Address: _____

Out of state contact: _____ Phone Number: _____

Additional Persons who may call in an emergency & Authorized Pick-up from facility

Name	Phone Number	Relationship