

Wee Love Learning Identification and Emergency Information- School Age

Child's Name:	Birthday:	Living with: ☐ Mother ☐ Father ☐ Both ☐ Legal Guardian
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Mother's/Guardian Contact Information: Mother's Name: _____

Mother's Address: _____

Cell Phone:	Home Phone:	Work/School Phone:
E-mail:		
Place of Work/School:	Work/School Schedule:	

Father's/Guardian Contact Information: Father's Name: _____

Father's Address: _____

Cell Phone:	Home Phone:	Work/School Phone:
E-mail :		
Place of Work/School:	Work/School Schedule:	

Medical Information:

Physician: (if none please add parent/guardian info)	Physician Phone:	Last seen:
Dentist: (if none please add parent/guardian info)	Dentist Phone:	Last seen:
Medical Concerns:		
Allergies:		
Special Concerns:		

Please add additional pages if needed

Emergency Information:

Out Of State Emergency Contact: Name: _____ Phone Number: _____

Emergency Contact/ Authorized Pick-Up

Name	Phone Number	Relationship

Child's Schedule Information:

Required Care Schedule

Max of 10 hours/None School Days for School Age Children

Monday	Tuesday	Wednesday	Thursday	Friday
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You **Must** follow this schedule. You cannot drop off early without prior approval from Management, nor pick-up later than your scheduled times.
If you do you will be assessed a \$25.00 non-scheduled early drop-off/ late pick-up fee in addition to your regular childcare billing.

School Age Only

School Child is Attending:

School Age Transportation Schedule

Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Parent/Guardian Signature: _____ Date: _____