Anchor
EARLY LEARNING ACADEMY

Child's Full Name:		Child's Date of Birth:		
Child's Home Address:		Child Lives With:		
		Both Parents	Mom	Dad	Guardian
Name of Parent or Guardian 1:		Address of Parent or Guardian 1 if different from the child's:		
Name of Parent or Guardian 2:		Address of Parent or Guardian 2 if different from the child's:		

List phone numbers below where parents or guardian can be reached while child is in care.

Parent or Guardian 1 Phone Number:	Parent or Guardian 1 Email Address:	Custody Documents on File: Yes	No
Parent or Guardian 2 Phone Number:	Parent or Guardian 2 Email Address:		

In case of an emergency, when the parents or guardian cannot be reached, call:

Name of Emergency Contact 1:	Relationship:	Phone Number:
Email Address:		
Name of Emergency Contact 2:	Relationship:	Phone Number:
Email Address:		

I authorize Anchor ELA **to release** my child to leave Anchor ELA **only** with the following persons. Children will only be released to designated by the parent or guardian after verification of ID.

Name:	Phone Number:
Name:	Phone Number:
Name:	Phone Number:

Authorization For Emergency Medical Attention

In the event I cannot be reached to arrange for medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Phone Number
Name of Emergency Care Facility	Address	Phone Number

I give consent for Anchor ELA to secure any and all necessary emergency medical care for my child. _____ Yes _____No

I acknowledge receipt of the Parent Handbook : _____ Yes _____No

Signature - Parent or Legal Guardian

Date Signed

Printed Name of Parent or Legal Guardian