

**Pathways to Play Early Learning Center
1815 Bromley St. South St Paul, MN 55075
651-414-0857**

Please tell us about your family:

Child's name: _____ Date of birth: _____
Name child is typically called: _____ Phone number: _____
Home address: _____

Name of parent/guardian 1: _____
Phone number/address (if different): _____

Occupation: _____ Place of employment: _____
Work/cell phone number: _____

Name of parent/guardian 2: _____
Phone number/address (if different): _____

Occupation: _____ Place of employment: _____
Work/cell phone number: _____

Name of child's physician: _____ Phone number: _____
Allergies or medical concerns: _____

List two people who will assume medical responsibility for your child if parent/guardians cannot be reached:

Name: _____ Phone number: _____
Name: _____ Phone number: _____

List any people (other than parents/guardians) that are authorized to pick up your child (persons must provide identification to staff when picking up):

Name: _____ Phone number: _____
Name: _____ Phone number: _____
Name: _____ Phone number: _____

List anyone who is NOT authorized to pick up your child:

Name: _____
Name: _____

please turn this page over and complete the back side as well

List other family members:

Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

Provision of the following information is voluntary: this information will be used to determine whether or not the institution is complying with applicable provisions of civil rights laws. If you do not provide this information, a representative of the institution which provides you with child care is required to identify the racial/ethnic category of your enrolled child.

Check whether your child is: (check one)

Hispanic or Latino: _____ Not Hispanic or Latino: _____

Check the race you identify your child with: (check as many as apply)

American Indian or Alaska Native: _____ Asian: _____
Black or African American: _____ Native Hawaiian or Pacific Islander: _____
White: _____

If the center is unable to reach a parent/guardian or an emergency contact listed on this form, or in the event of a serious injury or illness requiring immediate medical attention, I hereby authorize Pathways to Play Early Learning Center staff to have my child transported by emergency medical personnel to Regions Hospital, or medical facility deemed necessary by EMS. I understand that I will be responsible for any costs incurred in this emergency transportation. I also authorize Pathways to Play staff to administer Syrup of Ipecac in case of poisoning when advised to do so by poison control or a physician.

(Parent/guardian signature)

(Date)