Additional Information and Permissions:

Child's Name _____

Family Contact and Custody Information:

Mother:		Father:	
Home Phone	(_____) _____ -_____	Home Phone	(_____) _____ -_____
Cell Phone	(_____) _____ -_____	Cell Phone	(_____) _____ -_____
Work Phone	(_____) _____ -_____	Work Phone	(_____) _____ -_____
Email Address	_____	Email Address	_____

Child lives with: both parents ____ mother only ____ father only ____ Shared/split residence/other ____

Please explain if shared/other is checked: _____

_____

Legal Custody: both parents _____ mother _____ father _____ other _____

If parents have joint custody, either parent may pick up the child/ren at any time. If an individual has sole legal custody, his/her written permission is needed for anyone, including a non-custodial parent, to pick up the child/ren. KCC will need a copy of the legal and binding custody agreement on file.

Healthcare provider information:

I give my consent for emergency medical care or treatment to be used if I cannot be reached immediately **OR** in the case of an emergency that necessitates calling 911 before I can be reached. I understand that the nearest appropriate hospital will be utilized, at the discretion of the emergency responders. Kuhl Corner Campus, LLC has my permission to call my child's physician below:

Physician name _____ Phone _____

Signature of Parent or Guardian _____ Date _____

Curriculum and Development Online Database Permission:

Your signature below authorizes Kuhl Corner Campus to document your child's development through written anecdotal notes, photos, videos and audio recordings on the secure Teaching Strategies online database (see additional information on the Curriculum and Assessment Strategies page and in the Policy Handbook). Additionally, by providing your email address above, you are giving permission for Kuhl Corner Campus to send an invitation to your email address for your access to this database. We will also use the above email address for center communications.

Signature of Parent or Guardian _____ Date _____