

Little Big Time Child Development Center
1412 20th Street, Sacramento, CA 95811
(916)446-1200

EMERGENCY INFORMATION CARD

Child's Full Legal Name:			
Child's Nickname (if any):			
Hair Color:		Eye Color:	
Birth-date:		Home Phone #:	
Address:			
Mother's Name:		Work Phone #:	
Father's Name:		Work Phone #:	
Emergency Contact Name:		Home/Work #:	
Child's Doctor:		Office Phone #:	
Medical Card #:		Child's Personal ID#:	
Allergies:			
Medical Condition(s):			
Medication(s):			



I give Little Big Time Child Development Center permission to administer sunscreen to my child _____ . I will provide sunscreen in a ziplock bag with my child's name written on the bottle and I will ensure that the sunscreen is within its expiration date. I will verbally notify the Teacher/Director when my child needs sunscreen and will make every effort to apply sunscreen before my child arrives at school. All sunscreen is kept in a locked cabinet out of children's reach. **Please do not leave sunscreen in your child's back pack or cubby.**

Date



Permission Slip for Field Trips/Outings

The Little Big Time Child Development Center is requesting for all children enrolled to have on file a Release of Liability/Permission form signed by the parents and/or legal Guardianship. I give permission for my child to be taken on walks in areas surrounding the Child Care Development Center and I understand that during all outings this will be supervised by the faculty of Little Big Time Child Development Center.

Child's Full Legal Name: _____ DOB: _____

PERMISSION SLIP FOR DAILY WALKS:

- Agree
- Disagree (I do not wish for my child to participate in daily walks)

PERMISSION SLIP FOR REQUEST FOR FIELD TRIPS

- Agree
- Disagree (will not send information to parents)

I understand that a separate FIELD TRIP permission slip describing the outing will be sent home if my child will be leaving the Child Development Center for an extended period of time.

By my signature below, I, _____, do hereby give authorization/permission to the Little Big Time Child Development Center for the above purpose.

Parent Signature/Legal Guardianship

Date

NOTE: If you are signing under Legal Guardianship, you MUST provide ORIGINAL COURT ORDERED documents stating such-ABSOLUTELY NO COPIES WILL BE ACCEPTED.



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LITTLE BIG TIME
CHILD DEVELOPMENT CENTER
Cultural Background Information

Name of Child Enrolled: _____
Age: _____ Male _____ Female: _____
Tribal Affiliation (If Applicable) _____ County: _____

CHILD ENROLLED

Hobbies Include: _____

Interests Include: _____

CULTURAL ACTIVITIES

ACTIVITIES CURRENTLY ENROLLED IN

Tribal Traditions: _____

Does the enrolled child's family have any "Cultural Experiences" to share?

NO _____ YES _____ Describe: _____

Does the enrolled Child's family have any interest in sitting on the "Cultural Advisory Committee"?

NO _____ YES _____ (IF YES ~ FILL OUT BOTTOM PORTION)

FAMILY NAME : _____

CONTACT NUMBER : () _____ DAY () _____ EVENING

ADDRESS: _____
Street City State Zip