



**GLENDALE COMMUNITY COLLEGE
CHILD DEVELOPMENT LABORATORY SCHOOL**

**IDENTIFICATION AND EMERGENCY INFORMATION—
YEAR 2020-2021**

Child's Name _____

Parent/Guardian _____ Parent/Guardian _____

Email Address _____ Email Address _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Address _____ Address (if different) _____

I understand that I am responsible for delivering my child to a member of the CDC staff at the beginning of each class session and receiving him/her from the staff at the close of each session.

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM CENTER:

Child will not be allowed to leave with any other person without written authorization from parent or guardian. Identification will be required to release children from the Center.

	NAME	RELATIONSHIP	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

ADDITIONAL PERSONS WHO MAY BE CALLED IN EMERGENCY:

In an emergency, the Director will attempt to contact the parent(s) first and the above mentioned persons second. If none of the aforementioned can be reached, the following friends or relatives may be called:

	NAME	ADDRESS	RELATIONSHIP	PHONE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

In the event that my child becomes ill or injured while in attendance at the Center, consent is hereby given to the following physician or his/her designee to treat my child.

Dr. _____
 (Name) (Address) (Phone)