

CLAYTON YOUTH ENRICHMENT SERVICES EMERGENCY CARD

Center:	Grade:	Home School:
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Child's Name:	Date Of Birth:	Age:	Sex:
Address:	Zip:	Phone:	

1. Parent/Guardian:		2. Parent/Guardian:	
Address:	Zip:	Address:	Zip:
Work Phone:	Home Phone:	Work Phone:	Home Phone:
Cell Phone:	Driver's License No:	Cell Phone:	Driver's License No:

PERSONS AUTHORIZED TO PICK UP CHILD AND TO CALL IN AN EMERGENCY IF PARENT/GUARDIAN CANNOT BE REACHED.

1. Name:		2. Name:	
Address:	Zip:	Address:	Zip:
Work Phone:	Home Phone:	Work Phone:	Home Phone:
Cell Phone:	Relationship:	Cell Phone:	Relationship::

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