

Lyric Preschool
 2328 Hyperion Ave.
 Los Angeles, CA. 90027
 (323) 667-2275



IDENTIFICATION AND EMERGENCY INFORMATION

DAY CARE CENTERS

To Be Completed by Parent or Guardian

CHILD'S NAME: LAST	FIRST	NICKNAME	SEX	HOME PHONE
ADDRESS	NUMBER STREET	CITY	STATE	ZIP
CHILD'S S.S.#	DOES CHILD HAVE STEP-PARENTS?			LANGUAGE AT HOME
FATHER'S NAME LAST	FIRST			BUSINESS PHONE
HOME ADDRESS NUMBER	STREET	CITY	STATE	ZIP
BUSINESS ADDRESS NUMBER	STREET	CITY	STATE	ZIP
SOCIAL SECURITY #	DRIVER'S LICENSE			DATE OF BIRTH
MOTHER'S NAME LAST	FIRST			BUSINESS PHONE
HOME ADDRESS NUMBER	STREET	CITY	STATE	ZIP
BUSINESS ADDRESS NUMBER	STREET	CITY	STATE	ZIP
SOCIAL SECURITY #	DRIVER'S LICENSE			DATE OF BIRTH
PERSON RESPONSIBLE FOR CHILD	LAST NAME	FIRST	HOME #	BUSINESS #

NAMES OF PERSON AUTHORIZED TO TAKE CHILD FROM LYRIC SCHOOL

(Child will not be allowed to leave with any other person without written authorization from parent or Guardian)

NAME (Parents must also be listed)	RELATIONSHIP	PHONE
1.		
2.		
3.		
4.		
5.		

PHYSICIAN OR DENTIST TO BE CALLED IN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN & NUMBER	TELEPHONE
DENTIST	ADDRESS	MEDICAL PLAN & NUMBER	TELEPHONE
IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN? <input type="checkbox"/> CALL EMERGENCY <input type="checkbox"/> OTHER - EXPLAIN:			

ADDITION PERSONS WHO MAY BE CALLED IN EMERGENCY (One out of state person)

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

TIME CHILD WILL COME TO SCHOOL _____ TIME CHILD WILL BE CALLED FOR _____

SIGNATURE OF PARENT OR GUARDIAN - I have read and agree to Lyric School policies in Parent Handbook **DATE**

DATE OF ADMISSION	DATE LEFT
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