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1. BY HAND: Print this blank form, complete and file printed paper copy in a secure location.
2. ON SCREEN: Complete form on-screen and print. File printed paper copy.
3. STORE ON PC: Complete PDF using Foxit Reader or Adobe Acrobat. Save locally for editing.

Dependents – General Information

Use this form to record general information that applies to all children and other dependents.

Individuals Authorized to pick up from school or childcare

Name	
Relationship	
Street Address	
City, State, Zip	
Phone(s) and FAX	
Email	

Name	
Relationship	
Street Address	
City, State, Zip	
Phone(s) and FAX	
Email	

Childcare Center

Name of Provider	
Contact Name	
Street Address	
City, State, Zip	
Phone(s) and FAX	
Email	

Emergency Contacts

Name	
Relationship	
Street Address	
City, State, Zip	
Phone(s) and FAX	
Email	

Name	
Relationship	
Street Address	
City, State, Zip	
Phone(s) and FAX	
Email	