



LITTLE CHAMPIONS DAYCARE

CHILD INFORMATION & EMERGENCY AUTHORIZATION

131 Arkwright Dr, Tampa, FL 33613 | (813) 447-6356 | championdaycare.com

CHILD INFORMATION

Child's Full Name

Home Address

Home Phone

Preferred language

- Select -

Sex

- Select -

Date of Birth (MM/DD/YYYY)

Enrollment Date (MM/DD/YYYY)

CHILD'S PHOTO

Attach a recent photo
when you return this form

PARENT / GUARDIAN INFORMATION

Parent/Guardian 1 - Name

Phone

Email

Workplace Name

Work Address

Work Phone

Parent/Guardian 2 - Name

Phone

Email

Workplace Name

Work Address

Work Phone

EMERGENCY CONTACTS & AUTHORIZED PICKUP PERSONS

Person 1 - Full Name

Relationship

Phone

Emergency

☐

Pickup

☐

Person 2 - Full Name

Relationship

Phone

☐☐

Person 3 - Full Name

Relationship

Phone

☐☐

Person 4 - Full Name

Relationship

Phone

☐☐

Check every box that applies. Anyone picking up your child must show a photo ID.

MEDICAL INFORMATION

Preferred Physician / Phone

Preferred Hospital

Medical Conditions / Special Instructions

ALLERGIES (food, medication, environmental, or NKA)

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

If my child becomes ill or injured while in the care of Little Champions Daycare, I authorize the daycare to contact me and the emergency contacts listed above. If I cannot be reached, I authorize Little Champions Daycare to obtain necessary emergency care from a physician, hospital, EMS, or other qualified provider. I authorize treatment necessary for my child's health and safety and accept responsibility for payment of medical services rendered.

Parent/Guardian Signature (sign by hand)

Printed Name

Relationship

Date

Please return this form IN PERSON or bring it to your tour. Do not send it by email, text or WhatsApp.

Keep this information current. Tell us right away about any changes.