

MILLER CHILD DEVELOPMENT CENTER, INC.

LOCATOR CARD

Child's Name _____ DOB _____ Child's Age _____

Address _____ Home Ph. # _____ Work Ph. # _____

Parents Name _____

Authorization for Pick-Up _____ Ph. # _____ Relationship to Child _____

In case of emergency, please notify me at _____ or if I cannot be reached, please call

Name _____ Ph. # _____ Relationship to child _____

Name _____ Ph. # _____ Relationship to child _____

PARENT'S SIGNATURE _____ **DATE** _____

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