

ACEC signature

## **EMERGENCY INFORMATION FORM (2018-19)**

Start Date: \_\_\_\_\_

Date

CIIII D I WIIIC.		Age (Sept 1):	DOB:
Mother's Name:			
Last		First	
Mother's Home Address:		City:	Zip:
Phone – Home:	Business:	C	'ell:
Father's Name:			
	Last	Firs	st
Father's Home Address:		City:	Zip:
Phone – Home:	Business:	Ce	11:
Please contact the following	person in an emergency situation	on.	
Parents are called first, if not a	vailable, we use the emergency of	contact. Child may be r	eleased to this person.
1. Name	Address		_ Phone
My child may also be releas	ed to the following persons:		
2. Name	Phone		
3. Name	Phone		
4. Name	Phone		
Ashford	Child Enrichment C	enter/Parent	Agreement
I,	, agree that Ashford C	hild Enrichment Cent	er will care for (child's name)
	beginning September 2017. I will p	ay a monthly tuition of	due by the 5 <sup>th</sup> of each
month. If this fee is not paid by the	•	added to the monthly ree	. Failure to pay said fees can result in
month. If this fee is not paid by the child being dismissed from A	CEC.	·	. Failure to pay said fees can result in
month. If this fee is not paid by the child being dismissed from A My child will be in the following	CEC.  ACEC program between the hours	s of:	
month. If this fee is not paid by the child being dismissed from A  My child will be in the following  Mother's Day Out: 9:00	CEC.  ACEC program between the hours  AM-2:00PM 2 Days	s of: 3 Days	5 Days
month. If this fee is not paid by the child being dismissed from A  My child will be in the following  Mother's Day Out: 9:00	CEC.  ACEC program between the hours  AM-2:00PM 2 Days  the prior to withdrawing my child from	s of: 3 Days	