

NOTICE OF INCOMPLETE CHILDREN'S RECORDS

Child's Name:

Parent's Name:

In checking our records, we have found we do not have the following information for your child:

- Current Parent Contact Information (Name, Address, Phone, Employer, etc.)
- Health Care Provider Name and Phone Number
- Current Universal Health Record
- Current Immunization Record
- School Age Health Statement & Special Needs
- Emergency Contact Information
- Emergency Medical Authorization
- Names of Persons Authorized to Pick Up Your Child at the Center
- Court Order For Denial Of Access To Child By Non-Custodial Parent
- Signature for Receipt of the Communicable Diseases Policy
- Signature for Receipt of Policy on the Use of Technology and Social Media
- Signature for Receipt of Release Policy
- Signature for Receipt of the Expulsion Policy
- Signature for Receipt of the Parental Notification Methods (if applicable)
- Other:

Remarks:

Please complete the attached form(s) and return to the center as soon as possible. If you have any questions, please call the center. Thank you.