


Little Footsteps
Daycare & Learning
Center

11720 Montana Ave. Building "B" El Paso, TX 79936
Phone: 915.849.9959 Fax: 915.849.9622 www.mylittlefootsteps.com



Child's School Information

Please provide the following information for each of your children who will need transportation to and from school. Please make sure this information is always up to date. We cannot add your child to our route without this information.

Child's Name: _____ DOB: _____

School: _____ Grade: _____

School Phone Number: _____

School Pick Up Time: _____

Pick Up Location: _____

Mother's Name: _____ Phone Number: _____

Father's Name: _____ Phone Number: _____

If neither parent can be contacted, who do we contact in case of emergency?

Name: _____ Phone Number: _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician: _____

Address: _____ Ph.#: _____

Name of Emergency Medical Care Facility: _____

Address: _____ Ph.#: _____

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature - Parent or Legal Guardian