



# Tot Spot Important Numbers Packet

## Parent's work Information

Guardian #1 name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Typical Work Hours: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Address of  
workplace: \_\_\_\_\_  
\_\_\_\_\_

Guardian #2 name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Typical Work  
Hours: \_\_\_\_\_

Work telephone  
number: \_\_\_\_\_

Address of workplace:  
\_\_\_\_\_  
\_\_\_\_\_

**Child's Medical Information**

Name of **dentist**: \_\_\_\_\_

Address of  
dentist: \_\_\_\_\_

\_\_\_\_\_

Telephone  
number: \_\_\_\_\_

Name of **doctor**: \_\_\_\_\_

Address of  
doctor: \_\_\_\_\_

\_\_\_\_\_

—

Telephone  
number: \_\_\_\_\_

**Authorized to pick up my Child**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number:  
\_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number:

\_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number:

\_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number:

\_\_\_\_\_

**Emergency Contact in case of illness/emergency**

**\*Please list in order of who to call first and so forth. Please double check that they are also listed on the authorized pick up list as well. Thanks!**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

## Field Trip Authorization

I give my permission for The Tot Spot to take my child(ren), \_\_\_\_\_ Off  
the property to go on walks (Or stroller rides) in the surrounding neighborhood.

Parent/Guardian Signature: \_\_\_\_\_

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