

PARENT ASSISTANT INFORMATION

State licensing requires this information to be kept on file. Please note that this information is about YOU THE parent Assistant, not your child.

Name _____

Date of Birth _____

Address _____

City _____ Zip _____

Phone _____ Cell Phone _____

In case of emergency, please notify:
(in case something happens to YOU not your child)

Name _____ Phone _____

Address _____

Your Physician _____ Phone _____

Address _____

IMMUNIZATION VERIFICATION

In compliance with Arizona State Law, the undersigned does hereby testify that, to the best of his/her knowledge, immunizations against measles, rubella, diphtheria, and tetanus are current.

Date _____

Signature _____