

Alameda Head Start/Early Head Start  
**EMERGENCY CONTACT UPDATE**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

- Transition from Prenatal Program to EHS Infant/Toddler Home Based Program Option. *(Attach Child's Birth Certificate)*
- Transition from Prenatal Program to EHS Center Based Program Option Waiting List.  
*(Attach Child's Birth Certificate Full-Day Application required.)*

Staff Name & Position: \_\_\_\_\_

**FAMILY INFORMATION:**

Name	Address	Phone	H C M W
			Updated on: _____
Name	Address	Phone	H C M W
			Updated on: _____
Name	Address	Phone	H C M W
			Updated on: _____

DATA ENTRY CONFIRMATION:

**EMERGENCY INFORMATION:**

**AUTHORIZATION TO DROP-OFF AND RELEASE CHILD**

Name	Address	Phone	
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	EMERGENCY CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO	Update submitted on: _____	
Name	Address	Phone	
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	EMERGENCY CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO	Update submitted on: _____	
Name	Address	Phone	
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	EMERGENCY CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO	Update submitted on: _____	
Name	Address	Phone	
<input type="checkbox"/> ADD <input type="checkbox"/> DELETE	EMERGENCY CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO	Update submitted on: _____	

DATA ENTRY CONFIRMATION:

**OTHER INFORMATION:**