



Country Grove Children's Center  
99 Todd Hill Rd.  
Poughkeepsie NY 12603  
(845)486-1080  
[countryygrove@gmail.com](mailto:countryygrove@gmail.com)

Client Information

**CHILD:**

Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Child lives with: Both Parents    Mother    Father    Other(please specify): \_\_\_\_\_

**PARENTS:**

Mother \_\_\_\_\_ Address \_\_\_\_\_  
Primary Phone \_\_\_\_\_  
Mother's Date of Birth \_\_\_\_\_  
State Issued form of Identification:    Driver's License    ID Card    Benefits Card    Military  
Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_  
Employer Address \_\_\_\_\_

Father \_\_\_\_\_ Address \_\_\_\_\_  
Primary Phone \_\_\_\_\_  
Mother's Date of Birth \_\_\_\_\_  
State Issued form of Identification:    Driver's License    ID Card    Benefits Card    Military  
Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_  
Employer Address \_\_\_\_\_

**AUTHORIZATION:**

The following people are permitted to pick up my child(ren) as instructed by either parent/guardian. I understand that photo ID must be provided to allow my child(ren) to be released into their care.

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

**EMERGENCY CONTACTS:**

In case of emergency and neither parent can be reached, please contact the following:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_