GOLDEN BLOOM LEARNING & CARE
PARENT/GUARDIAN INFORMATION FORM
Where Learning Blossoms & Care Comes First

PARENT/GUARDIAN 1
Full Legal Name: _____
Relationship to Child: _____
Home Address: _____
City/State/ZIP: _____
Primary Phone: _____ Alternate Phone: _____
Email Address: _____
Employer/Place of Work, optional: _____
Work Phone, optional: _____
Preferred Contact Method: ☐ Call ☐ Text ☐ Email

PARENT/GUARDIAN 2, IF APPLICABLE
Full Legal Name: _____
Relationship to Child: _____
Home Address: _____
City/State/ZIP: _____
Primary Phone: _____ Alternate Phone: _____
Email Address: _____
Employer/Place of Work, optional: _____
Work Phone, optional: _____
Preferred Contact Method: ☐ Call ☐ Text ☐ Email

DURING BABYSITTING SERVICES
Who should be contacted first? _____
Where will the parent/guardian be during the scheduled care period? __
_____
Best number to reach parent/guardian during care: _____
Anything I should know about contacting you during care? _____
_____

PARENT/GUARDIAN ACKNOWLEDGMENT
I understand that I am responsible for keeping my contact information current with Golden Bloom Learning & Care.

Parent/Guardian Name: _____
Signature: _____ Date: _____