

**IDENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES**

To Be Completed by Parent or Authorized Representative

LUS QHIA TXOG TUS KHEEJ THIAB KEV XWM TXHEEJ
CHAW ZOV MENYUAM/TSEV ZOV TSEV NEEG MENYUAM
Cia rau Tus Niam Txiv lossis Tus Muaj Cai Sawv Cev Mam Teb

MENYUAM NPE	XEEM	NPE NRAB	NPE	YOG	XOV TOOJ ()
CHAW NYOB	NAJ NPAWB	TXOJ KEV	ZOS	XEEV ZIP	HNUB YUG
LEEJ TXIV/TUS SAIB XYUAS/TXIV TUS KHUB KOOM TSEV LUB NPE	XEEM	NPE NRAB	NPE		XOV TOOJ HAUJ LWM ()
CHAW NYOB TOM TSEV	NAJ NPAWB	TXOJ KEV	ZOS	XEEV ZIP	XOV TOOJ TOM TSEV ()
LEEJ NIAM/TUS SAIB XYUAS/NIAM TUS KHUB KOOM TSEV LUB NPE	XEEM	NPE NRAB	NPE		XOV TOOJ HAUJ LWM ()
CHAW NYOB TOM TSEV	NAJ NPAWB	TXOJ KEV	ZOS	XEEV ZIP	XOV TOOJ TOM TSEV ()
PERSON RESPONSIBLE FOR CHILD	LUB XEEM	NPE NRAB	NPE	XOV TOOJ TOM TSEV ()	XOV TOOJ HAUJ LWM ()

LWM COV NEEG UAS HU TAU THAUM MUAJ IB QHO XWM TXHEEJ CEEV

NPE	CHAW NYOB	XOV TOOJ	TXHEEB LI CAS

KWS KHO MOB LOSSIS KWS KHO H尼亚V UAS YUAV TSUM HU THAUM MUAJ XWM TXHEEJ CEEV

KWS KHO MOB	CHAW NYOB	HOM NTAWV KHO MOB THIAB NAJ NPAWB	XOV TOOJ ()
KWS KHO H尼亚V	CHAW NYOB	HOM NTAWV KHO MOB THIAB NAJ NPAWB	XOV TOOJ ()

YOG TIAS HU TSIS TAU TUS KWS KHO MOB, YUAV XAV KOM UA LI CAS?

HU RAU TSEV KHO MOB CEEV LWM TUS PIAV QHIA: _____

COV NPE NTAWM COV NEEG UAS MUAJ CAI COJ TUS MENYUAM NTAWM LUB TSEV MUS

(YUAV TSIS PUB MENYUAM TAWM NROG LWM TUS NEEG MUS YOG TSIS TAU NTAWV SAU TSO CAI LOS NTAWM NIAM TXIV LOSSIS TUS MUAJ CAI SAWV CEV)

NPE	TXHEEB LI CAS

LUB SIJ HAWM YUAV HU TUS MENYUAM TXOG

TUS NIAM TXIV/NEEG SAIB XYUAS LOSSIS TUS MUAJ CAI SAWV CEV KOS NPE	HNUB TIM
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CIA RAU TUS THAWJ COJ HAUV TSEV/THAWJ TSWJ NTAUB NTAWV/TSEV ZOV TSEV NEEG MENYUAM MUAB LAIS-XEES MAM LI TEB

HNUB TXAIS	HNUB TAWM
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