

CSMFRC

Central Saskatchewan
Military Family
Resource Centre Inc.



CRFMCS

Centre de ressources pour
les familles des militaires
du centre de la Saskatchewan Inc.

Emergency Child Care Information Form

Please complete this form, keep one copy for yourself and give a copy to your caregiver.

Member's Surname	Given Name	SN	Rank	Unit
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Home Telephone Number ()	Cell Phone Number ()	Work Phone Number ()
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Address

City, Province, Postal Code

Spouse's Surname	Given Name	E-mail Address
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Home Telephone Number ()	Cell Phone Number ()	Work Phone Number ()
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Address

City, Province, Postal Code

Emergency Contact

Please leave an emergency contact in the case you cannot be reached.

Name	Relationship
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Address

Home Telephone Number ()	Cell Phone Number ()	Work Phone Number ()
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Emergency Child Care Providers

Please provide names and contact information for people who will be able to assist with child care for your family in an emergency.

Caregiver 1		Caregiver 2	
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Name	Relationship	Name	Relationship
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Address	Address
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Home and Cell Number () ()	Home and Cell Number () ()
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Date: _____