

Addendum

Minnesota Licensing requires each child to have **two authorized contacts** listed on their account in case of an emergency, **other than parents**. One person needs to be within an hour of Rochester. Please list them below with their contact information. Please add all children's names to this form.

Child(ren)'s Name: _____

Authorized Contact 1:

Name: _____

Phone Number: _____

Address: _____

Relationship to child(ren): _____

Authorized Contact 2:

Name: _____

Phone Number: _____

Address: _____

Relationship to child(ren): _____

Minnesota Licensing also requires us to have a doctor and dentist on file for all children enrolled in our program. Please list below your child's doctor and dentists' contact information.

Doctor: _____

Address: _____

Phone Number: _____

Dentist: _____

Address: _____

Phone Number: _____