

DATES _____
AMT. DUE _____
CASH/CHECK# _____

**THE HONEY TREE
DROP IN CARD**

CHILD'S NAME _____ AGE _____ BIRTHDAY _____

MOTHER'S NAME _____

HOME# _____ WORK # _____ CELL# _____

FATHER'S NAME _____

HOME # _____ WORK# _____ CELL# _____

DURING THE TIME THE CHILD IS AT THE HONEY TREE, I WILL BE AT _____

AND THE PHONE NUMBER IS _____

DAYS AND HOURS MY CHILD WILL BE AT THE HONEY TREE:

M _____ - _____ T _____ - _____ W _____ - _____ TH _____ - _____ F _____ - _____

IN CASE OF EMERGENCY, PLEASE CALL:

NAME: _____ PHONE _____

NAME: _____ PHONE _____

I hereby authorize The Honey Tree to take my child to a licensed physician or medical treatment center to treat my child in case of any emergency in which neither parent can be reached. I also authorize The Honey Tree to transport my child to or from the Center for Center sponsored activities.

Parents Signature

Special instructions regarding the care of your child: _____
