



Emergency Information 2024-2025

Name of Child:

_____ (Last) _____ (First) _____ (Nickname) _____ (Date of Birth)

Address: _____

Primary Phone: _____ (please list the number that we should call first)

Email Addresses: _____

Parent's Name (or Guardian) _____ (Cell) _____

Place of Employment: _____

Work Phone: _____

Parent's Name (or Guardian) _____ (Cell) _____

Place of Employment _____

Work Phone: _____

Persons authorized to pick-up child from Preschool:

(Under no circumstances will a child be released to anyone not known to the
Preschool without authorization from parents or guardians)

★ **PERSONS TO CALL IN CASE OF EMERGENCY** ★

Note: These persons should be aware that they have been designated emergency contact persons

Name _____ Relationship to child _____

Phone _____

Name _____ Relationship to child _____

Phone _____

Child's Physician _____ Phone _____

Emergency Hospital Preference _____