



Emergency Information 2020-2021

Name of Child: _____
(Last) (First) (Nickname)

Date of Birth: _____

Address: _____

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

Email Address: _____

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 _____