



2018-2019

Emergency Contact Form

Child's Name: _____ Nickname: _____

Date of Birth: _____ Home Phone Number: _____

Mother's Name: _____ Cell Phone Number: _____

Father's Name: _____ Cell Phone Number: _____

E-mail Address: _____

Are parents divorced or separated? _____

In the event we need to contact you, which parent should be called first and at what number may we reach you during preschool hours?

Emergency Contacts (when attempts to reach parents are not successful & who may pick up child)

Emergency Contact Name: _____

Home Phone Number: _____ Cell Phone Number: _____

Person(s) who will primarily be picking up your child: _____

List ALL persons who are permitted to pick up child: _____

Persons who are **not** permitted to pick up child: _____

General Information

Does your child have any allergies? YES NO

If YES, please list what your child is allergic to: _____
(Please include food, medication, animals, seasonal, etc.)

Child's siblings names and ages: _____

Any extended family living in your home and relationship to your child: _____

What is of special interest to your child? _____

Are there any special prayer requests for your child or your family? _____

Please use the other side of this form to write about anything else you want your child's teacher to know about your child and his/her family.