



**2017-2018**

**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.