



**Parent Emergency Information**

Child's Name:

Birthdate:

Enrollment Date:

Hours and Days of Expected Attendance:

Child's Home Address:

Home Telephone #:

Mother's Name:

Mother's Employer or School:

Business Address:

Business Telephone #: \_\_\_\_\_ Hours of Work: \_\_\_\_\_

Mother's Pager #: \_\_\_\_\_

Mother's Cell Phone #: \_\_\_\_\_

Father's Name:

Father's Employer or School:

Business Address:

Business Telephone #: \_\_\_\_\_ Hours of Work: \_\_\_\_\_

Father's Pager #:

Father's Cell Phone #:

Name of Person(s) Authorized to Pick up Child Daily:

Address:

Relationship to Child: \_\_\_\_\_ Telephone: \_\_\_\_\_

When parent cannot be reached list at least one person who may be contacted in an emergency:

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address:

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address:

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address:

Child's Physician or Source of Health Care:

Telephone #:

Address:

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_