

## EMERGENCY INFORMATION

NOTE: THIS ENTIRE FORM MUST BE UPDATED SEMI-ANNUALLY.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last First

Enrollment Date \_\_\_\_\_ Hours & Days of Expected Attendance \_\_\_\_\_

Child's Home Address \_\_\_\_\_  
Street/Apt. # City State Zip Code

| Parent/Guardian 1:       | Parent/Guardian 2:       |
|--------------------------|--------------------------|
| Name:                    | Name:                    |
| Home Address:            | Home Address:            |
| Home Phone:              | Home Phone:              |
| Employer/School:         | Employer/School:         |
| Employer/School Address: | Employer/School Address: |
| Work Phone:              | Work Phone:              |
| Cell Phone:              | Cell Phone:              |
| Email:                   | Email:                   |
| Personal Security Pin:   | Personal Security Pin:   |

Name of Person Authorized to Pick-Up Child (daily) \_\_\_\_\_  
Last First Relationship to Child

Address \_\_\_\_\_  
Street/Apt. # City State Zip Code Telephone

When parents cannot be reached, list at least two people who may be contacted to pick up in an emergency:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Last First  
 Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 Address \_\_\_\_\_  
Street/Apt. # City State Zip Code
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Last First  
 Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 Address \_\_\_\_\_  
Street/Apt. # City State Zip Code
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Last First  
 Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 Address \_\_\_\_\_  
Street/Apt. # City State Zip Code