

PRESCHOOL - Emergency Card 2019-2020**Please COMPLETE ALL information**

Student's Name _____ Date of Birth _____ Home Phone () _____
Last First Middle City Zip
Address _____

Parent Information

Father's Name _____ E-mail Address _____ Cell Phone _____

Father's Employer Address _____ Work Phone _____

Mother's Name _____ E-mail Address _____ Cell Phone _____

Mother's Employer Address _____ Work Phone _____

ALLERGIES: _____

Emergency Contact Information (OTHER THAN PARENTS): We must be able to reach someone in an emergency! Whom else may we call? A family member, friend or neighbor:

1. Name _____ Phone Number _____
2. Name _____ Phone Number _____
3. Name _____ Phone Number _____
4. Name _____ Phone Number _____

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