



EMERGENCY CONTACT INFORMATION

Please print clearly and complete this form in its entirety. Do not leave any fields blank.
When appropriate, indicate "not applicable/N.A."

CHILD'S NAME: _____ Date of Birth: _____

Guardian#1 Name: _____

Guardian#2 Name: _____

Home Address: _____

City & State: _____ Zip Code: _____ Home Phone: _____

Family Email address: _____

Guardian#1 **Work** Phone: _____

Guardian#1 **Cell** Phone: _____

Guardian#1 Employer & Complete Address: _____

Guardian#2 **Work** Phone: _____

Guardian #2 **Cell** Phone: _____

Guardian #2 Employer & Complete Address: _____

Emergency Contact & Pick-Up Authorization

The following may be contacted and make decisions on my behalf in an emergency, IF I cannot be reached. They are also authorized to pick up my child from St. Paul's Episcopal Preschool.

LOCAL Emergency Contact Name: _____

Complete Address: _____

Relationship to Child: _____

Home Phone: _____ Cell Phone: _____ Work Phone _____

Emergency Contact Name: _____
Complete Address: _____
Relationship to Child: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact Name #2: _____
Complete Address: _____
Relationship to Child: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

Maternal Grandparent: _____
Complete Address: _____
Email Address: _____ Home Phone: _____

Paternal Grandparent: _____
Complete Address: _____
Email Address: _____ Home Phone: _____

Persons authorized to pick-up children from St. Paul's Episcopal Preschool must present a valid state issued photo-identification card to preschool staff. **It is the Guardians' responsibility to update their child's emergency contact information when necessary.** *Please use the back of this form for additional contacts.*

Guardian Signature: _____ **Date:** _____