



# **St. Paul's Episcopal Preschool**

228 S. Pitt Street, Alexandria, Virginia 22314 (703)548-6089

## **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.". Thank you.

CHILD'S NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guardian#1Name: \_\_\_\_\_

Guardian#2Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ HomePhone: \_\_\_\_\_

Family Email address: \_\_\_\_\_

Guardian#1 **Work** Phone: \_\_\_\_\_

Guardian#1 Cell Phone: \_\_\_\_\_

Guardian#1Employer & Complete Address: \_\_\_\_\_

Guardian#2 **Work** Phone: \_\_\_\_\_

Guardian #2 Cell Phone: \_\_\_\_\_

Guardian #2Employer & 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: \_\_\_\_\_

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 back of this form for additional contacts.*

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_