

PRESCHOOL EMERGENCY INFORMATION

STUDENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ PHONE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHILD LIVES WITH:

Both parents \_\_\_\_\_, mother \_\_\_\_\_, father \_\_\_\_\_, or other \_\_\_\_\_

EMERGENCY PHONE NUMBERS:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number \_\_\_\_\_

Notre Dame Parishioner: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of person who will be responsible for dropping off and picking up your child:

\_\_\_\_\_

Person's Name

\_\_\_\_\_

Phone #