

Emergency Registration Information – Please Print All Information!

Child's Name _____ (Last) _____ (First)

Class Sept. 2023 _____ Home Phone _____

Address _____

Parent's Email Address: _____

Emergency Information - Please complete

Mother's Name and Business Phone number

Mother's Employer and Address _____

Mother's Cell Phone

Father's Name and Business Phone number _____

Father's Employer and Address _____

Father's Cell Phone _____

IN AN EMERGENCY, WHEN WE CANNOT REACH ONE OF THE ABOVE

Doctor's Name and Address _____

Dr. 's Phone number _____ Preferred Hospital _____

Hospital Address and Phone number _____

Dentist Name, address and phone number _____

IN CASE OF A MINOR ILLNESS, WHEN A PARENT CANNOT BE REACHED

Relative or Friend _____

Address and Phone Number _____

My child has the following conditions which may require special handling in an emergency:

My child may go home by him/herself. _____

(Parent's Signature)

Child will be picked up by
Name and Phone number

Or

Name and Phone Number