



# Washington DCJCC Preschool

## EMERGENCY INFORMATION

First Child's Name: \_\_\_\_\_ Second Child's Name: \_\_\_\_\_

First Child's Date of Birth: \_\_\_\_\_ Second Child's Date of Birth: \_\_\_\_\_

Name of Parent(s) or Guardian(s): \_\_\_\_\_

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

City, State ZIP \_\_\_\_\_

Employer(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_  Work Phone: \_\_\_\_\_

Cell Phone(s): \_\_\_\_\_ *(Check box -  - for the first number to try in case of an emergency.)*

Email Address(es): \_\_\_\_\_

*We will be sending out regular notices with updates and important information throughout the year—provide an address you check often.*

Known Allergies and/or Food Restrictions: \_\_\_\_\_

*Please give detailed information on the Health form*

*Please list up to three people, other than the parent/guardian(s), who are 1) a good alternate contact in case of emergency, and 2) authorized to pick your child(ren) up from school.*

1.) Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

Home Phone: \_\_\_\_\_  Work Phone(s): \_\_\_\_\_

Cell Phone(s): \_\_\_\_\_  Email Address(es): \_\_\_\_\_

2.) Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

Home Phone: \_\_\_\_\_  Work Phone(s): \_\_\_\_\_

Cell Phone(s): \_\_\_\_\_  Email Address(es): \_\_\_\_\_

3.) Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

Home Phone: \_\_\_\_\_  Work Phone(s): \_\_\_\_\_

Cell Phone(s): \_\_\_\_\_  Email Address(es): \_\_\_\_\_

I hereby give permission for the above named individuals to pick up my child(ren) from school.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

The following individuals are NOT authorized to pick up my child(ren) from school:

\_\_\_\_\_