

Emergency Contact Form

Child's Full Name: _____ DOB: _____

Address/City/Zip: _____ Gender: M or F

PARENT/GUARDIAN 1:

Name: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Occupation: _____ Work Phone: _____

Address (if different from child's) _____

PARENT/GUARDIAN 2:

Name: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Occupation: _____ Work Phone: _____

Address (if different from child's) _____

Additional nearby persons that may be called in an emergency and are authorized to take your child from NNS if you cannot be reached. Please indicate priority for emergency calls by order of listing.

1) Name: _____ Relationship _____

Address: _____ Phone: _____

2) Name: _____ Relationship _____

Address: _____ Phone: _____

3) Name: _____ Relationship _____

Address: _____ Phone: _____

Emergency Contact Form (continued)

Please list all persons that have permission to pick up your child from school (including dismissal to "the rock" if running late). If unknown to school staff, photo ID will be required for pick up.

Name _____ Relationship _____ Best # _____

Name _____ Relationship _____ Best # _____

Name _____ Relationship _____ Best # _____

Name _____ Relationship _____ Best # _____

Are there any custody concerns or other issues of which we should be aware? Please explain.

Photo

Please submit a recent photograph of your child along with this form. The photo (a wallet size picture or 4x6 photograph that clearly shows your child's facial features) will be kept in their school file. **Please print your child's full name on the back of the photo.**

Contact List

I give permission for Naurashaun Nursery School to share parent/guardian contact information such as name, address, home phone, cell phone and email with other parents in my child's class for the purpose of a class contact list.

Parent Signature _____ Date _____

School Use Only

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