

WEE CARE PRESCHOOL EMERGENCY INFORMATION FORM

Class child is registered for: Day(s)/Time (a.m or p.m)_____

Child's Name _____
Nickname _____ Sex _____
Date of Birth _____ Birthplace _____

Mother's Name _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell _____
Work Phone _____ email _____

Father's Name _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell _____
Work Phone _____ email _____

Family Doctor: To be contacted in case of any emergency
Name _____
Street Address _____
City _____ State _____ Zip _____
Phone _____

Family Dentist: To be contacted in case of any emergency
Name _____
Street Address _____
City _____ State _____ Zip _____
Phone _____

Allergies _____

Emergency Contacts: In case of illness/injury when
parents cannot be contacted

1. Name _____
Street Address _____
City _____ State _____ Zip _____
Phone _____

2. Name _____
Street Address _____
City _____ State _____ Zip _____
Phone _____

Persons authorized to take child from school: (other than
parents_

Name _____
Phone number _____

Name _____
Phone number _____

Name _____
Phone number _____

List names of persons NOT authorized to take child from
school
