

Emergency Information

First Baptist Weekday Preschool

Full name of child: _____ Nickname if any: _____

Date of birth: _____

Address _____

City _____ State _____ Zip Code _____

Mother or Guardian _____ Home Phone _____

Cell Phone _____ E-mail Address _____

Place of Employment _____ Work Phone _____

Father or Guardian _____ Home Phone _____

Cell Phone _____ E-mail Address _____

Place of Employment _____ Work Phone _____

Persons (other than parents) authorized to pick child up, including phone numbers:

Under no circumstances will a child be released to anyone not known to the school without authorization from the parent or guardian. **NOTE: it is legal for either parent to pick up a child unless we have a copy of a court order restricting visitation.**

Persons (if parents cannot be reached) to be called in case of emergency:

1. Name _____ Relationship to child _____

Telephone Numbers (H) _____ (C) _____ (W) _____

2. Name _____ Relationship to child _____

Telephone Numbers (H) _____ (C) _____ (W) _____

Child's Physician _____ Phone _____