



Anchors Away Pre-K Emergency Contact Form

Student Name: _____

M/F: _____ Age: _____ Birthdate: _____/_____/_____

Address: _____

City: _____

Mother OR Female Guardian:

Address: Same as above ()

City: _____ Phone: _____ Cell: _____

Father OR Male Guardian

Address: Same as above ()

Phone: _____ Cell: _____

Y () N () Legal Papers (Parenting plan, restraining order, guardianship, etc.)
for this student? (If yes, Please check Y and circle) *If so please provide a copy
for our records. *If so, which parent has the authority to make decisions
involving school/child?

Child Care Provider: _____ Phone: _____

Address: _____

Please indicate who is allowed to pick up your child below:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Allergies or Medical Condition: Please be specific and indicate treatment or
medications: _____
