



Enfield Montessori School & Chiaravalle Academy

2026/2027 EMERGENCY FORM

The following information is needed annually for each family. **Please print clearly in black or blue ink.**

Child's Name

Date of Birth

Child's Name

Date of Birth

Child's Name

Date of Birth

Child(ren) live(s) with: ☐ both parents ☐ Parent A ☐ Parent B

Child(ren)'s Home Address

City

State

Zip

Home telephone

In case of emergency we will try to contact Parent A first:

Parent A: name

Parent B: name

Parent A: emergency/work number

Parent B: emergency/work number

Parent A: cell phone number

Parent B: cell phone number

Parent A: e-mail address

Parent B: e-mail address

Parent A: address (if different than child)

Parent B: address (if different than child)

City

State

Zip

City

State

Zip

Parent A: home phone (if different than child)

Parent B: home phone (if different than child)

Emergency Contact Information - Person(s) to call if a parent cannot be reached:

Name

Telephone Number

Relationship

(OVER – Please complete and sign page 2)

In case of a medical emergency and you cannot be reached, please provide the following information:

Name of Doctor to call

Telephone Number

Hospital to use

Telephone Number

Permission for Pick-ups

State law also demands that we have written permission designating any person(s) other than parents/guardians who may call for their child(ren). The following person(s) have permission to pick up my child(ren).

Name _____

Relationship _____

Address _____

Phone number _____

Cell number _____

Name _____

Relationship _____

Address _____

Phone number _____

Cell number _____

Name _____

Relationship _____

Address _____

Phone number _____

Cell number _____

Name _____

Relationship _____

Address _____

Phone number _____

Cell number _____

Date

Signature

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