



Enfield Montessori School & Chiaravalle Academy

2025/2026 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

EMERGENCY INFORMATION 2025/2026