



Emergency Contact

Child's Name (Last, First): _____

Please list in order of the people you would like to be contacted in case of an emergency or illness. Please consider listing people that live in the vicinity of the school during the hours of operation.

Parent / guardian: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____