

Immaculata Pre-K Emergency Contact Form

FORM MUST BE RECEIVED ON THE FIRST DAY OF SCHOOL

(Please print)

Child's Name: _____

Nickname: _____ Date of Birth: _____

Allergies, Chronic Illnesses, Special Needs:

Parent/Guardian information:

Name: _____ Home Phone: _____

Cell: _____ Work Phone: _____

Email: _____

Name: _____ Home Phone: _____

Cell: _____ Work Phone: _____

Email: _____

Special instructions on how parents/guardians may be reached during the hours your child is in school:

Emergency contacts who can assume responsibility (including authorization for pick up) for your child in the event parents or guardians cannot be reached. If these contacts are unknown to our staff, they must present a photo ID.

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

How will your child go home from school?

_____ My child will be picked up at the car line in front of the Immaculata School Office at 2:55 pm

_____ My child will be picked up at the Pre-K classroom
Approximate time you will pick up your child: _____

Parent/Guardian's Signature: _____ Date: _____