

The New School Preschool @ Jacque's House Emergency Contact Information

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| Child's Name: | |
| Birth date: | |
| Street address: | |
| City, State, Zip Code: | |

| Sibling(s) Name: | Birth date: | Living in Child's Home? (Y/N): |
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| Mother's (guardian's) name: | |
| Home street address (if different): | |
| City, State, Zip Code: | |
| Home Phone: | |

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| Father's (Guardian's) name: | |
| Home street address (if different): | |
| City, State, Zip Code: | |
| Home Phone: | |

Please list two people who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached:

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| 1 st Alternate Contact: | |
| Relationship to child: | |
| Home street address: | |
| City, State, Zip Code: | |
| Home Phone: | |
| Is this person authorized to make medical decisions for your child if you cannot be reached? Yes _____ No _____ | |

Emergency Contact Information

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| 2 nd Alternate Contact: | |
| Relationship to child: | |
| Home street address: | |
| City, State, Zip Code: | |
| Home Phone: | |
| Is this person authorized to make medical decisions for your child if you cannot be reached? Yes _____ No _____ | |

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| Child's Doctor (or name of clinic): | |
| Preferred Practitioner: | |
| Street Address: | |
| City, State, Zip Code: | |
| Telephone Number: | |

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| Child's Dentist (or name of clinic): | |
| Preferred Practitioner: | |
| Street Address: | |
| City, State, Zip Code: | |
| Telephone Number: | |

This is a legally binding form. By signing below, you state that all of the information contained on this form is correct to the best of your knowledge. Giving false information would be grounds for termination of childcare services, forfeiture of retainer, or both.

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| Father/Guardian's Signature | Date |
| Mother/Guardian's Signature | Date |
| Provider Signature | Date |