

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

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

Sibling(s) Name:	Birth date:	Living in Child's Home? (Y/N):

Mother's (guardian's) name:	
Home street address (if different):	
City, State, Zip Code:	
Home Phone:	

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:

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

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 _____	

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

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.

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