



## Emergency Information

Date of Enrollment \_\_\_\_\_ My child is registered for:  Infant /Toddler  Pre-School  After School

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**Child's Name:** \_\_\_\_\_

**Mother:** \_\_\_\_\_

Address: \_\_\_\_\_

Work Number: \_\_\_\_\_ Home Numbers: \_\_\_\_\_

Cellular Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

**Father:** \_\_\_\_\_

Address: \_\_\_\_\_

Work Number: \_\_\_\_\_ Home Numbers: \_\_\_\_\_

Cellular Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

**Emergency Contact Person(s):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Number: \_\_\_\_\_ Home Numbers: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Number: \_\_\_\_\_ Home Numbers: \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_