

CHILDS WORLD NURSERY SCHOOL

Last Name _____ First Name _____

DOB _____ Class _____

EMERGENCY CONTACT INFORMATION 20____ - 20_____

Home Address _____ Home Phone _____

Parent 1 (Guardian) Name _____ Cell Phone _____

Parent 2 (Guardian) Name _____ Cell Phone _____

Best # to Contact You _____ Nanny/Caregiver - Name/# _____

Please list names and telephone numbers of persons to be contacted in an emergency if parent/guardian cannot be reached

Name _____ Address _____

Phone _____ Other Phone _____

Name _____ Address _____

Phone _____ Other Phone _____

Please List Any...

Allergies _____ Medications _____

Special Conditions _____

Child's Doctor _____ Phone _____

Address _____

Parent/Guardian Signature _____ Date _____

**In the event of a medical emergency, the student will be taken to the nearest hospital*