

## Glenview Methodist Preschool Emergency Form

Date Completed: \_\_\_\_\_

School Year: \_\_\_\_\_

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

M F

Sex

Parent's/Guardian's Name (A) \_\_\_\_\_

Parent's/Guardian's Name (B) \_\_\_\_\_

Primary Phone \_\_\_\_\_

Alt Phone \_\_\_\_\_

Primary Phone \_\_\_\_\_

Alt Phone \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

### Alternative Emergency Contacts

Primary Emergency Contact \_\_\_\_\_

Secondary Emergency Contact \_\_\_\_\_

Primary Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Primary Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### Authorization for Pick Up (Persons authorized to pick up other than parents.)

Name \_\_\_\_\_

Name \_\_\_\_\_

Primary Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Primary Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Primary Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Primary Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_