



EMERGENCY CONTACT LIST

CHILD'S NAME: _____ GENDER: _____

DATE OF BIRTH: ____/____/____ DAYS OF ATTENDANCE: M T W Th F

HOME ADDRESS: _____

PARENT/GUARDIAN NAME: _____ CELL: _____

EMAIL: _____ WORK: _____

PARENT/GUARDIAN NAME: _____ CELL: _____

EMAIL: _____ WORK: _____

BABYSITTER/NANNY NAME: _____ CELL: _____

DESIGNATED INDIVIDUALS AUTHORIZED TO RECEIVE CHILD AT END OF SESSION OR IN CASE OF EMERGENCY:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

PLEASE LIST A CONTACT PERSON OUTSIDE THE DC AREA:

NAME: _____ PHONE: _____

RELATIONSHIP: _____

PARENT/GUARDIAN PRINTED NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____