



## **EMERGENCY CONTACT LIST**

PLEASE COMPLETE 1 FORM PER FAMILY

FAMILY NAME/LAST NAME: \_\_\_\_\_

CHILD: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SCHEDULE: M T W Th F

CHILD: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SCHEDULE: M T W Th F

CHILD: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ SCHEDULE: M T W Th F

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: \_\_\_\_\_

**PLEASE LIST A CONTACT PERSON OUTSIDE THE DC AREA:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PARENT/GUARDIAN PRINTED NAME: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_