

Emmanuel Lutheran Early Childhood Ministry

Emergency Contact Numbers for Parents or Guardians

July 2017 - June 2018

Child's Name _____ Date of Birth _____

Address _____ (Number, Street, City, State, Zip)

Home Phone _____

Primary Contact _____ Contact Phone _____

Relationship to Child _____ Cell Phone (if applicable) _____

Beeper Number (if applicable) _____

Employer (if applicable) _____ Employer Phone (if applicable) _____

Alternate Contact _____ Alt. Contact Phone _____

Relationship to Child _____ Cell Phone (if applicable) _____

Beeper Number (if applicable) _____

Employer (if applicable) _____ Employer Phone (if applicable) _____

Alternate Contact _____ Alt. Contact Phone _____

Relationship to Child _____ Cell Phone (if applicable) _____

Beeper Number (if applicable) _____

Employer (if applicable) _____ Employer Phone (if applicable) _____

Please consider providing your e-mail address to easily communicate with the program director:

Please list your child's special medical or health needs, including ALLERGIES, if applicable.

For ALL families, please list names of people who MAY drop off and/or pick up your child.

Table with 3 columns: Name, Relationship to Child, Phone Number

For families in which custody is an issue, please list names of people who MAY NOT drop off and/or pick up your child, and give a brief physical description.

Table with 3 columns: Name, Relationship to Child, Physical Description

Signature of Parent or Guardian _____ Date _____