

Great Beginnings Christian Preschool & Kindergarten Emergency Contact Form
2017-18 School Year

Child's Full Name _____
Name Child will use in school _____ Boy ____ Girl ____
Birth date _____ Class (i.e., MWF 4's) _____
Names and Ages of Siblings _____

Parents' Names _____

Address _____

Preferred Emergency Phone _____ E-Mail _____

Parents' Work Phones: Father _____ Mother _____

Parent's Cell Phones: Father _____ Mother _____

If unable to reach parents in emergency, contact: _____

Relationship: _____ Phone _____

Child's Doctor: _____ Phone _____

May we include your child's name, address, email address, and phone number on the class list to be circulated to classmates? Yes ____ No ____ (This is for internal use only!)

Would you like more information about our church and its activities? Yes ____ No ____

If you do not have a church home our pastor, Johnson Dodla, is available to assist with any spiritual need or pastoral care you may require. Please call for any assistance.

Home Church: _____

Please inform us of any special interests, unusual situations, individual needs or fears we should be aware of: _____

Health Information: Please include any health conditions or allergies: _____

Please request an additional form from teacher for children with allergies.

Is your child under medical treatment at this time? Yes ____ No ____

Does your child have any restrictions on physical activities? _____

Is your child's immunization record up to date? Yes ____ No ____

If unable to be contacted in the event of an emergency, I give my permission to Great Beginnings Preschool & Kindergarten Staff to arrange emergency medical treatment for my child _____ (child's name)

_____ (Parent's Signature) Date _____