

# **KINDERHAVEN PRESCHOOL**

Lake Forest Parks and Recreation Department

## **EMERGENCY INFORMATION**

Child's Name _____	Birth date _____	
Enrollment date _____	Class _____	Last date of attendance _____
Address _____	Home Phone _____	
Mother's Name _____	Father's Name _____	
Mother's Address _____	Father's Address, if different _____	
Mother's Work Name _____	Father's Work Name _____	
Work Address _____	Work Address _____	
Work Phone _____	Work Phone _____	
Work hours _____	Work hours _____	
<b>Car or cell phone</b> _____	<b>Car or cell phone</b> _____	

Persons Authorized to pick up my child are: (please include parents in car pool)\*:

Primary list:

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Contingency list:

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_
4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

*\*Note: if someone other than those listed above will be picking up your child on any given day, you must provide Kinderhaven with written permission for your child to leave with that person. Without written notification, we cannot release your child.*

### **IN AN EMERGENCY:**

Physician's Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone number \_\_\_\_\_  
Any Medical concerns (ie. allergies, etc.) \_\_\_\_\_

\*Please list (in order of preference) those persons that we are authorized to call and release your child to in case of an emergency or illness should the parents be unable to be reached.

1. Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_
2. Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_
3. Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_

Mother's signature and date \_\_\_\_\_

Father's signature and date \_\_\_\_\_