

# **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 \_\_\_\_\_  
**Car or cell phone** \_\_\_\_\_ **Car or cell phone** \_\_\_\_\_

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

Primary list:	Contingency list:
1. Name _____	3. Name _____
Address _____	Address _____
Phone _____	Phone _____
2. Name _____	4. Name _____
Address _____	Address _____
Phone _____	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 \_\_\_\_\_