

# Emergency Contacts

Please print to fill out and return at orientation

Dear Parents,

Please fill out this form for the teacher's use and return it at Kindergarten Orientation. It is helpful and convenient.

Thank you for your cooperation.

Child's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Please list emergency contacts in the event that a parent cannot be reached

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

