



Grade Entering: _____

2019-2020 Emergency Information

Student Name Preferred / Nickname Birthdate Sex

Parent/Guardian Name 1 Parent/Guardian 2 Name

Home Phone Mobile Phone Home Phone Mobile Phone

Work Phone Other Work Phone Other

Home Address Home Address (check if same as Parent/Guardian 1)

City, State, Zip City, State, Zip

E-mail: _____ E-mail: _____

Student lives with: Both Parents Parent 1 Parent 2 Stepparent Guardian

Student Pick-Up Permission Contacts

Photo I.D. required for pick-up

Authorized Pick-Up Contact 1:

Authorized Pick-Up Contact 2:

Name Name

Home Phone Cell Phone Home Phone Cell Phone

Work Phone Relationship to Child Work Phone Relationship to Child

Alternative Emergency Contacts

In the event I/we cannot be reached, Landmark Preschool has my/our permission to contact the people listed below for the care of my child.

Alternate Emergency Contact 1:

Alternate Emergency Contact 2:

Name Name

Home Phone Cell Phone Home Phone Cell Phone

Work Phone Relationship to Child Work Phone Relationship to Child

Alternate Emergency Contact 3:

Alternate Emergency Contact 4:

Name Name

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Home Phone Cell Phone Home Phone Cell Phone

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Work Phone Relationship to Child Work Phone Relationship to Child



Parent Employment Information

Parent/Guardian 1 Employer

Parent/Guardian 2 Employer

Work Address

Work Address

City, State ZIP Code

City, State ZIP Code

Medical Information

Medical Conditions

Allergies

Known sensitivity to drugs

Other

Parent's/Guardian's Signature: _____ Date: _____