

Mankato Area Public Schools Preschool- Emergency Information

Child: _____ Site: VPK-Kennedy

Address: _____ Date of Birth: _____

Parent/Guardian: _____ Relationship to child: _____

Mother's Name (Last) _____ (First) _____

Home Phone _____ Cell Phone _____

E-mail address _____

Mother's Employer _____ Hours _____ Work Phone _____

Father's Name (Last) _____ (First) _____

Home Phone _____ Cell Phone _____

E-mail address _____

Father's Employer _____ Hours _____ Work Phone _____

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

In case of an emergency contact:

1. Name _____ 2. Name _____

Relationship to child _____ Relationship to child _____

Phone numbers: (Home) _____ Phone numbers: (Home) _____

(Work) _____ (Cell) _____ (Work) _____ (Cell) _____

List any allergies, dietary restrictions or any other health information about your child:

Persons (other than a parent/guardians listed above) authorized to pick up your child:

1. Name _____ 2. Name _____

Relationship to child _____ Relationship to child _____

Phone numbers: (Home) _____ Phone numbers: (Home) _____

(Work) _____ (Cell) _____ (Work) _____ (Cell) _____

Restraining Order on file: Yes No *If yes, name of individual* _____

***Please provide a copy to our office.**

Have you completed Mankato Area Public School registration/census forms? Yes No

Signature of Parent/Guardian

Date