



Circle of Friends Preschool - Emergency Information
2023-2024 School Year

***** PLEASE PRINT CLEARLY *****

Student Name _____ **Date of Birth** _____ Male Female

Address _____

City _____ **Zip** _____ **Home Phone** _____

Parent/Guardian Information:

1) Name: _____ **Relationship** _____

Address (if different) _____ **Email** _____

Phone (H) _____ **(W)** _____ **(C)** _____

2) Name: _____ **Relationship** _____

Address (if different) _____ **Email** _____

Phone (H) _____ **(W)** _____ **(C)** _____

Emergency Contacts:

List three emergency contacts who will assume temporary care of child if parent/guardian cannot be reached.

1) Name _____ **Relationship** _____ **Gender** _____

Phone (C) _____ **(H)** _____ **(W)** _____

1) Name _____ **Relationship** _____ **Gender** _____

Phone (C) _____ **(H)** _____ **(W)** _____

1) Name _____ **Relationship** _____ **Gender** _____

Phone (C) _____ **(H)** _____ **(W)** _____

4) Preferred Hospital: St Francis Hospital – Shakopee Fairview Ridges Hospital – Burnsville
 Other: _____ **Location:** _____

COURT DOCUMENTATION: If court documents exist that legally prohibit a non-custodial parent or another individual from physical contact with this child please provide a copy of the court documents to the preschool office at Edgewood School.

Parent/Guardian Signature _____

Date _____