

Child's Name _____ Date _____

This form is kept in a file that is readily assessable in the event of an emergency.

Please fill out this form in its entirety.

Wittenberg Lutheran Preschool Program 2024

Address _____

Date of Birth ___/___/___ Gender M F Best Contact Number: _____

Family Code Word: _____ Allergies: _____

Special Instructions for Pick-Up: _____

Emergency and Primary Pick-Up Contacts

Person's listed below have permission to be called in an emergency and permission to pick up.

Please note: In the event we need to make contact, person's listed will be called in order from 1-8 until a contact is made.

Parent _____ Phone Number: _____

Parent _____ Phone Number: _____

3. _____ Phone Number: _____

4. _____ Phone Number: _____

Additional Pick-UP Permission

(only if different from above, if above emergency contacts can not be reached, we reserve the right to contact the person listed below)

5. _____ Phone Number: _____

6. _____ Phone Number: _____

7. _____ Phone Number: _____

8. _____ Phone Number: _____