NEIGHBORHOOD PRESCHOOL 2018-19

EMERGENCY RELEASE FORM

CHILD'S NAME:
DOB:
FULL ADDRESS:

PARENT/GUARDIAN CONTACT INFORMATION:

PARENT 1 NAME:

EMPLOYER:

EMPLOYER ADDRESS:

EMAIL

ALL TELEPHONE NUMBERS (HOME, CELL WORK)

PARENT 2 NAME:

EMPLOYER:

EMPLOYER ADDRESS:

EMAIL

ALL TELEPHONE NUMBERS (HOME, CELL WORK)

PERSONS WHO CAN BE REACHED IN AN EMERGENCY OR ILLNESS WHEN THE PARENTS CAN NOT BE REACHER AND WHO IS AUTHORIZED TO REMOVE YOUR CHILD FROM NPS.

NAME	ADDRESS	CELL AND WORK PHONE	RELATIONSHIP