



KIDDIE KOLLEGE PRESCHOOL

A ministry of the
Winona Lake Free Methodist Church

EMERGENCY INFORMATION

Child' Name: _____ Birth Date: _____

Names of parents or guardians who live with this child: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Home Phone: _____ Mobile: _____ Work: _____

Employer: _____

Names of Parents who do not live with this child (optional): _____

Address: _____ City: _____

State: _____ Zip Code: _____

Home Phone: _____ Mobile: _____ Work: _____

Employer: _____

Please list two other people we could contact in case of an emergency: (after trying to notify parents at home and work)

1) _____ Phone: _____

2) _____ Phone: _____

Doctor: _____ Phone: _____

Allergies: _____

Food allergies or restrictions: _____

Reactions to allergy and proper response (if any): _____

Medications: _____

Medical Conditions and Proper Response (if any): _____

Who may pick up your child without advance notice from you to our teachers? _____

Who may never pick up your child? (if applies) I promise to see the administrator in person if this changes during the year. Initial here please. xxx____xxx

Your child will not be released to anyone who is not on your list without your written permission. If our teachers are unsure of someone's identity, they will be asked to show proof of who they are before the child is released. This is for your child's safety.

I understand my child's pick up procedures.

Parents Signature: _____ Date: _____

This information will be kept at a convenient teacher location and taken out of building during field trips. Please help keep this information current as possible for the safety of your child.