



## Emergency Contact Form

(Please print and return completed form to us with your child's first visit)

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent or Guardian #1: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Parent or Guardian #2: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Emergency Contacts (who do not reside with you):

Name #1: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name #2: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name #3: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Suggestions for filling out this form.

- 1: While three contacts are preferable, we would like at least two.
- 2: First emergency contact may reside with you, however additional contacts should not.
- 3: Also, indicate which, if any, are only available for this current session with us.
- 4: Please update as needed and bring with you.