



# STEP BY STEP PRESCHOOL

Excellence in Education; Foundation in Faith

## EMERGENCY CONTACT FORM

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

Father's Name \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Numbers:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Nos.: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Nos.: \_\_\_\_\_ Email: \_\_\_\_\_

**IN THE EVENT OF AN EMERGENCY, IF I/WE CANNOT BE REACHED, I/WE GIVE STEP BY STEP PRESCHOOL PERMISSION TO CONTACT ONE OF THE ABOVE EMERGENCY NUMBERS IN ORDER TO PICK UP MY CHILD OR SECURE TREATMENT FOR HIM OR HER.**

**Parent(s)/Guardian(s) Signature(s):**

**X** \_\_\_\_\_

**X** \_\_\_\_\_