

Knight Hall School and Child Care Center, Inc.

Emergency phone numbers

Child's name: _____ D.O.B. _____

Home address: _____ Home Phone: _____

Allergies: _____

PARENTS/GUARDIANS INFORMATION

Name: _____ work phone: _____ cell phone: _____

Work address: _____

Work hours: _____

Name: _____ work phone: _____ cell phone: _____

Work address: _____

Work hours: _____

EMERGENCY NUMBERS OTHER THAN PARENTS

1. Name: _____ Phone #: _____

2. Name: _____ Phone #: _____

3. Name: _____ Phone #: _____

THE FOLLOWING PEOPLE HAVE MY PERMISSION TO PICK MY CHILD UP FROM KNIGHT HALL SCHOOL

1. Name: _____

2. Name: _____

3. Name: _____

Parent/Guardian signature: _____ Date _____