

Preschool Program Emergency Contact Information

Child's Name _____ Age _____ Birthday _____
 First Middle Last

Mother/Legal Guardian's Name _____

Address _____

Home Telephone Number _____ Cell Number _____

Email address _____

Employer's Name _____ Employer's Telephone # _____

Father/Legal Guardian's Name _____

Address _____

Home Telephone Number _____ Cell Number _____

Email address _____

Employer's Name _____ Employer's Telephone # _____

Emergency Contact Person(s) (Other Than Parent):

1. _____ Telephone # _____

2. _____ Telephone # _____

Person(s) To Whom Child May Be Released

1. _____ Telephone # _____

2. _____ Telephone # _____

Allergies (including food and medication reactions)

A Parent's Signature Is Required for Each Item below to Indicate Parental Consent

Walks and Field Trips _____

Child being photographed by YMCA Staff or local newspaper

photographer _____

Child's photograph being placed on the YMCA's Facebook Page or Brochures for promotional purposes _____

Administering of minor first aid procedures _____

Obtaining emergency medical care _____

Swimming _____

(Circle One) Flotation Device: 4 pack 3 pack 2 pack 1 pack or No flotation Device