



**Emergency Contact Information**  
**Vital Information - Please type or print clearly**

Child's Full Name \_\_\_\_\_

Parent/Guardian #1 Name \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Parent/Guardian #2 Name \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Caregiver Name \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Designated individuals authorized to pick up child in case of emergency closing or illness:

Name \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Please list one contact person outside the DC area:

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_