



Pleasant Hill Nursery School
Emergency Contacts

Student Information

Child's Full Name: _____ Date of Birth: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Emergency Contacts

In each scenario please list the name and phone number of the person to be contacted, including yourself.
We will contact people listed in order, top to bottom.

LATE "PARENTAL" PICK- UP

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

CHILD BECOMES ILL AND NEEDS TO GO HOME

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Signature of Parent or Guardian

Date