

EMERGENCY CARD

Child: _____ M / F Birthdate: _____

Enrollment Date _____ Address _____ City _____ Zip _____

Parent _____

Driver's License #: _____

Email _____

Employer _____

Address _____

Cell Phone # _____

Alt. Phone # _____

Parent _____

Driver's License #: _____

Email _____

Employer _____

Address _____

Cell Phone # _____

Alt. Phone # _____

Emergency Contacts/Authorized Pick-up (when parents are not reachable)

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

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