

Dutch Neck Presbyterian Church Cooperative Nursery School

EMERGENCY INFORMATION

Child's full name _____ Home Phone _____

Mailing Address

Mother's Name _____ Daytime Phone _____
Cell Phone _____

Father's Name _____ Daytime Phone _____
Cell Phone _____

Physician _____ Phone _____

You must provide three (3) local emergency names excluding parents. (Parents will be called first.)

1 _____
Name Address Phone Number

2 _____
Name Address Phone Number

3 _____
Name Address Phone Number

If you work outside the home and your child is taken to school by a sitter or someone who is not at your home, please give the sitter's phone number so that he/she will be notified in case of school closing.

Sitter's Name _____ Phone _____

CHILD TRANSPORT LIST

Child care center licensing (N.J.10:122-6.8(a)) requires DNPCNS to have on file a written list from each child's parents/guardians of those individuals authorized to visit and/or take their child from school. Your child will not be permitted to be visited by or leave with any individual who is not listed here.

My/our child may be visited by and/or leave school with emergency persons listed above and the following people: (Please print)

Name Address Phone Number

Name Address Phone Number

Name Address Phone Number

Name Address Phone Number

Name Address Phone Number

Parent/Guardian Signature _____ Date _____