



**For Office Use Only:**

Child's Name: \_\_\_\_\_

Classroom: \_\_\_\_\_

**Emergency Contact Information**  
**2025-2026**

The Learning Center takes all measures necessary to ensure the safety of your child while in our care. To ensure your child's safety, *we ask that you complete the following information completely and accurately.*

In the event of a medical emergency, the staff will obtain emergency medical treatment at the nearest emergency room. To further ensure the safety of your child, we require that you accurately include the ***names, complete addresses, and all telephone numbers of those authorized to be contacted for your child in case of an emergency. This form must be updated when any changes in information occur.***

**Child's Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

**Whom should we contact in case of an emergency if parents/ guardians cannot be reached?**  
**Emergency contacts are someone other than parents/guardians. *Only provide names, addresses, and phone numbers of local individuals with real ability to be reached and who are authorized to pick up the child and seek proper medical attention for the child, when necessary. You must provide at least one emergency contact person other than parent or guardian complete with name, address, phone numbers, and drivers license number.***

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ City/Zip \_\_\_\_\_ DL# \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ City/Zip \_\_\_\_\_ DL# \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**\*\*\*PLEASE COMPLETE AND SIGN REVERSE SIDE\*\*\***

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Address \_\_\_\_\_ City/Zip \_\_\_\_\_ DL# \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

The following individuals, *who may be emergency contacts*, have authorization to pick up your child on occasion. Families understand that they must update any additions or deletions in writing.

**Furthermore, families understand that emergency contacts must be at least 18 years of age and have a valid photo identification.**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
4. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_