



# early childhood education emergency information

Child's name \_\_\_\_\_ Date of birth (M/D/Y) \_\_\_\_\_  M  F

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Parent/guardian #1 \_\_\_\_\_

Phone numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-mail address \_\_\_\_\_

Employer \_\_\_\_\_ Working hours \_\_\_\_\_

Employer's address \_\_\_\_\_ Phone \_\_\_\_\_

Parent/guardian #2 \_\_\_\_\_

Phone numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-mail address \_\_\_\_\_

Employer \_\_\_\_\_ Working hours \_\_\_\_\_

Employer's address \_\_\_\_\_ Phone \_\_\_\_\_

## Emergency contacts (other than parent/guardian):

Emergency contact #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Emergency contact #2 \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

## Who will be allowed to pick up your child?

Emergency pick-up #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Emergency pick-up #2 \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone numbers (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Hospital (1<sup>st</sup> choice) \_\_\_\_\_

Hospital (2<sup>nd</sup> choice) \_\_\_\_\_

Insurance carrier \_\_\_\_\_ Policy # \_\_\_\_\_

**Arthur M. Glick JCC**

6701 Hoover Road • Indianapolis, IN 46260  
Phone: 317-251-9467 • Fax: 317-251-9493