



CLASSROOM & EMERGENCY PREP FORM

Child's Name: _____ DOB: _____

Class/Level: _____ Teacher: _____

Please list below names, addresses and phone numbers of any person(s) (other than parents) authorized by you to visit or pick up your child at Holy Cross—No one under 18 years of age will be permitted to pick up your child.

FAMILY INFORMATION

Home Address: _____

City _____ State _____ Zip _____

Home Phone : _____

Mother's Name: _____

Mother's Cell #: _____

Mother's Work #: _____

Mother's Email: _____

Father's Name: _____

Father's Cell #: _____

Father's Work #: _____

Father's Email: _____

I hereby give my consent to call a physician or take my child to the hospital in the event of an emergency if none of the above can be reached by phone. I also give my consent to administer first aid.

Parent Signature: _____

Date: _____

1—Name: _____

Address: _____

Phone Numbers: _____

2—Name: _____

Address: _____

Phone Numbers: _____

3—Name: _____

Address: _____

Phone Numbers: _____

4—Name: _____

Address: _____

Phone Numbers: _____

Emergency Contact Information if parents are unavailable — Please list names and numbers in order of preference. Please do not list parents.:

1. _____

2. _____

3. _____



ABOUT YOUR CHILD:

Siblings

DOB

Grade in School

Does child receive care by anyone other than parents: Yes _____ No _____

If yes, by whom? _____

AGE WHEN CHILD STARTED: WALKING _____

TALKING _____

POTTY TRAINED _____

How does your child react to other children: _____

What is his/her reaction to adults: _____

Previous group experience of child: _____

How is child disciplined at home? _____

Particular Behavior Problems: _____

Child Fears: _____

What helps reassure him/her when upset? _____

What represents security to your child? _____

Righty / Lefty ? _____

Medical Problems? List: _____

Any birth defects the might affect learning? Or an IEP from a Public School System (please provide copy)?

Food Allergies:	Non-Food Allergies:	Dietary Restrictions: Vegan/Vegetarian, etc.
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Please add any additional comments that might further our understanding of your child and his/her background, or any social problems or concerns you would like us to be aware of... _____
