



Paradise Hills United Methodist Church Preschool

**Emergency Contact Form**

2024-2025

**NAME OF CHILD** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PLEASE LIST A MINIMUM OF TWO (2) LOCAL PEOPLE OTHER THAN THE PARENTS/GUARDIANS THAT HAVE YOUR PERMISSION TO BE CONTACTED BY THE PRESCHOOL WHEN YOU CANNOT BE REACHED.**

Name of Contact	Street Address City and Zip	Best Phone Number	Relationship	EMERGENCY CONTACT ONLY Parent Initial	EMERGENCY CONTACT AND AUTHORIZED PICK UP Parent Initial	PARENT SIGNATURE

This form is valid for the 2024-2025 preschool year. Any additions or revisions must be made through the Preschool Office by the parent/guardian and dated and initialed.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date