



# Children's Corner Learning Center

## Emergency Information Sheet

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

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mom's Work: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_

Dad's Work: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Emergency Contacts:

\_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

\_\_\_\_\_

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

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

List any health conditions: (allergies, medications, special diet, etc.)

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Blue Hill    Middletown    1133 White Plains    Scarsdale    Bronx

Vails Gate    Tarrytown    Wappingers Falls