



Bethel UMC Preschool

EMERGENCY CONTACT INFORMATION

Child's Name: _____

Parents' Names: _____

Address: _____

Home Phone: _____

Mom's Work Phone: _____ Cell: _____

Dad's Work Phone: _____ Cell: _____

Please list 3 Additional Emergency Contact Names and Numbers of those persons who will be willing to pick your child up in case of an Emergency

- | | Name | Phone |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |