

New Paltz United Methodist Play School, Inc.
STUDENT & EMERGENCY CONTACT INFORMATION

STUDENT NAME _____

STUDENT RESIDENTIAL ADDRESS

STREET _____

CITY _____ NY ZIP _____

HOME PHONE _____

STUDENT MAILING ADDRESS (only if different than Residential Address)

STREET _____

CITY _____ NY ZIP _____

GUARDIAN

NAME _____
FIRST MIDDLE LAST

STREET _____

CITY _____ NY ZIP _____

HOME PH _____ CELL PH _____ WORK PH _____

E-MAIL ADDRESS _____

Relationship to student

Living with Student

YES NO

GUARDIAN

NAME _____
FIRST MIDDLE LAST

STREET _____

CITY _____ NY ZIP _____

HOME PH _____ CELL PH _____ WORK PH _____

E-MAIL ADDRESS _____

Relationship to student

Living with Student

YES NO

Person to be contacted in case of emergency if parent/guardian cannot be reached:

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

EMERGENCY INFORMATION

PHYSICIAN _____ PHONE _____ HOSPITAL CHOICE _____

The people listed on this form (contacts and guardians) are authorized to pick up my child from school. In case of a medical emergency, we hereby authorize the New Paltz United Methodist Play School, Inc. to seek emergency assistance for our child if we cannot be reached.

Signature of Parent/Guardian _____ Date _____