



DIVINE MERCY
CATHOLIC SCHOOL

**Preschool
Emergency
Information Form**

Child Information:

Child's Last Name, First Name	Class	Ethnic Origin (optional)
_____	_____	_____
_____	_____	_____

Are you a parish member of Divine Mercy Catholic Church? ___ Yes ___ No _____

Custodial Parent Information: _____ Name of Parish

Parent 1 Last Name	Parent 1 First Name	Home Phone
_____	_____	_____
Address	City	Zip Code
_____	_____	_____

Parent 2 Last Name	Parent 2 First Name	Home Phone
_____	_____	_____
Address	City	Zip Code
_____	_____	_____

Parent 1 Place of Employment _____	Work Phone # _____	Cell # _____
Parent 2 Place of Employment _____	Work Phone # _____	Cell # _____
Day Care Provider _____	Daycare Phone # _____	

Family Email (most often checked) Used for school communication	Family Email (most often checked) Used for school communication
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Health Information- Including Allergies

For your child's safety, please list any allergies or medical conditions the preschool staff needs to be aware of.

--PLEASE COMPLETE THE BACKSIDE OF THIS FORM--

In the event that the DMCS Preschool staff are unable to reach me in an EMERGENCY the following persons have my permission to pick up/transport my child:

**Denotes required information for licensing requirements*

Contact Person	Address	Relationship	Cell Phone	Work/Home Phone
*	*		*	*
*	*		*	*

Family Doctor _____ Phone # _____

Address _____

Insurance Provider _____

Family Dentist _____ Phone # _____

Address _____

Insurance Provider _____

Parent Signature

Date