



**SACRED HEART EXTENDED CARE
AND PRESCHOOL
REGISTRATION AND EMERGENCY FORM**

Family Name: _____ Home Phone: _____

Cell Phone: _____

Home Address: _____ City: _____ Zip: _____

Child: _____ Birth date: _____

Child: _____ Birth date: _____

Father's Name: _____ Wk Phone: _____

Employer: _____ Normal Wk Hrs: _____

Mother's Name: _____ Wk Phone: _____

Employer: _____ Normal Wk Hrs: _____

Please indicate who to contact first in the event of an emergency

EMERGENCY CONTACTS (If parents cannot be reached)

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

Person permitted to pick up your child:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Is there anyone who MAY NOT PICK UP YOUR CHILD?

Name: _____ Name: _____

List any health problems and/or allergies:

Physician: _____ Phone: _____

Dentist: _____ Phone: _____