



CHRIST CHURCH PRESCHOOL & KINDERGARTEN

2025-2026 Emergency Contact Form

FAMILY/LAST NAME:	
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CHILD/REN'S INFORMATION

I. CHILD	FIRST NAME:
II. CHILD	FIRST NAME:
III. CHILD	FIRST NAME:

PARENT/CAREGIVER INFORMATION

MOTHER	NAME:	Preferred Phone:
	EMAIL:	
FATHER	NAME:	Preferred Phone:
	EMAIL:	
NANNY/ CAREGIVER	NAME:	Preferred Phone:
	EMAIL:	

EMERGENCY CONTACTS (Two people *not listed* above)

EMERGENCY CONTACT	NAME:	Relationship:
	Phone:	Pick-Up Authorized: <input type="checkbox"/> Yes <input type="checkbox"/> No
EMERGENCY CONTACT	NAME:	Relationship:
	Phone:	Pick-Up Authorized: <input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL PREFERENCES

PEDIATRICIAN	NAME:	
	Practice:	Phone:
DENTIST	Name:	
	Practice:	Phone:
HOSPITAL PREFERENCE	<input type="checkbox"/> Atrium	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Novant	

PLEASE LIST ANY ADULTS NOT LISTED ABOVE THAT ARE AUTHORIZED TO PICK-UP YOUR CHILD.

<u>NAME, RELATIONSHIP & PHONE NUMBER:</u>
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