

Staten Island Early Childhood Center
467 St. Marks Pl, SI, NY 10301
718-447-7726

www.sikidz.com

Emergency Contact Form

Child's Name _____

Teacher's Name _____

Name of Parents or Legal Guardian _____

Address _____

Home Tel. # _____ E-mail: _____

Cell Phone# _____ Work Tel. # _____

Please list below three relatives or designated persons who are authorized to pick up your child in an emergency :(**Please include all telephone #s**)

1. _____

2. _____

3. _____

Please list any medical conditions that your child may have:

Please list any medications that your child takes:

Parent's Signature