



**Circle of Friends Preschool - Emergency Information**  
**2021-2022 School Year**

\*\*\*\*\* PLEASE PRINT CLEARLY \*\*\*\*\*

**Student Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  Male  Female

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Parent/Guardian Information:**

1) **Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address (if different)** \_\_\_\_\_ **Email** \_\_\_\_\_

**Phone (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_ **(C)** \_\_\_\_\_

2) **Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address (if different)** \_\_\_\_\_ **Email** \_\_\_\_\_

**Phone (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_ **(C)** \_\_\_\_\_

**Emergency Contacts:**

**List three emergency contacts who will assume temporary care of child if parent/guardian cannot be reached.**

1) **Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Phone (C)** \_\_\_\_\_ **(H)** \_\_\_\_\_ **(W)** \_\_\_\_\_

1) **Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Phone (C)** \_\_\_\_\_ **(H)** \_\_\_\_\_ **(W)** \_\_\_\_\_

1) **Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Phone (C)** \_\_\_\_\_ **(H)** \_\_\_\_\_ **(W)** \_\_\_\_\_

4) **Preferred Hospital:**  St Francis Hospital – Shakopee     Fairview Ridges Hospital – Burnsville  
 Other: \_\_\_\_\_ **Location:** \_\_\_\_\_

**COURT DOCUMENTATION:** If court documents exist that legally prohibit a non-custodial parent or another individual from physical contact with this child please provide a copy of the court documents to the preschool office at Edgewood School.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_