

Emergency Contacts, Transportation Authorization and Child/Family Information 2026-2027

Child's Name _____ Date _____

In case of emergency, we will contact parents or authorized adults **in order listed**.

Name _____ Cell # _____ Relationship _____

Name _____ Cell # _____ Relationship _____

Name _____ Cell # _____ Relationship _____

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There may be times when you cannot drive your child to/from preschool. Please list names and phone numbers of others who you authorize to transport your child.

Name _____ Cell # _____ Relationship _____

Name _____ Cell # _____ Relationship _____

**I, _____ give permission to Friends in Faith to call the individuals listed above in case of an emergency and/or to transport my child to/from school. This authorization is in effect from September 15, 2026, through June 10, 2027.

**Parent Signature: _____ Date _____

Child's Date of Birth _____ Nickname _____ (circle) Right - Left-Handed or N/A

How would you like your child to recognize and print their first name? _____

Does your child have any specific needs? (Emotional, behavioral, or physical)
(If your child has an IEP, please provide a copy so we may work together as a team.)

Please list any professional providers that work with your child. (Speech, physical or occupational therapy):

Is a language other than English spoken in the home? Please specify.

What are your expectations for your child's preschool experience?

Share any fears or worries your child may have?

Who resides with child?

Siblings: Names and ages

Pets: