

Rocklin Academy Preschool



Emergency Information

Childs Name:

Date of Birth:

Age:

Main Contact _____

Adtl. Parent _____

Address _____

Address _____

City/Zip _____

City/Zip _____

Cell Phone _____

Cell Phone _____

Work Phone _____

Work Phone _____

Home Phone _____

Home Phone _____

Email _____

Email _____

Please list persons 16 years of age or older authorized to pick up your child.

No phone authorizations will be accepted, and a photo ID is required.

Name	Phone #	Relationship
Name	Phone #	Relationship
Name	Phone #	Relationship
Name	Phone #	Relationship

Physician _____ Phone _____

Address _____ City/Zip _____

Insurance _____ ID/Policy# _____

Allergies _____

Medical Issues _____

Medicine/Doses _____

Food Restrictions (due to religion/beliefs) _____