

# CONTACTS FORM

Linglestown Christian Nursery School

**CONTACT THE SCHOOL OFFICE WHENEVER CHANGES OCCUR IN YOUR INFORMATION.**

|   |
|---|
| <b>CHILD'S NAME:</b> Last _____ First _____ Nick Name _____ |
|---|

|                          |                          |
|--------------------------|--------------------------|
| <b>Parent/guardian 1</b> | <b>Parent/guardian 2</b> |
| Name _____               | Name _____               |
| Phone 1 _____            | Phone 1 _____            |
| Phone 2 _____            | Phone 2 _____            |

## Additional Contacts

(They have permission to receive information about my child's day)

| Name<br>Address/City/State/Zip | Relationship<br>to Child | Phone #1 | Phone #2 | Is this person<br>authorized to<br>pick up? |
|--------------------------------|--------------------------|----------|----------|---|
|                                |                          |          |          | Yes No                                      |
|                                |                          |          |          | Yes No                                      |
|                                |                          |          |          | Yes No                                      |
|                                |                          |          |          | Yes No                                      |
|                                |                          |          |          | Yes No                                      |

Who is the primary pick-up person? \_\_\_\_\_  
 e-mail, if not parent/guardian 1 or 2 \_\_\_\_\_  
 (will receive weekly emails)

### Child's Physician

|      |         |              |
|------|---------|--------------|
| Name | Address | Phone Number |
|------|---------|--------------|

### Health Insurance Information

|   |                    |
|---|--------------------|
| Health Insurance Company coverage for child | Preferred Hospital |
| Policy Number (required)                    | Group Number       |