

# CONTACTS FORM

Linglestown Christian Nursery School

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

<b>CHILD'S NAME: Last</b> _____	<b>First</b> _____	<b>Nick Name</b> _____
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<b>Parent/guardian 1</b>	<b>Parent/guardian 2</b>
Name _____	Name _____
Phone 1 _____	Phone 1 _____
Phone 2 _____	Phone 2 _____

## In Addition to Parents/Guardians, Those Authorized to Pick Up Child

(List in order to be called. The following contacts have permission to receive information about my child's day)

Name Address/City/State/Zip	Relationship to Child	Phone #1	Phone #2	Is this person authorized to 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