



# Spuyten Duyvil

## P R E S C H O O L

3041 KINGSBRIDGE AVENUE BRONX, NY 10463 TEL. 718 549 1525 FAX 718 884 0667  
[information@spuytenduyvilpreschool.org](mailto:information@spuytenduyvilpreschool.org)

### EMERGENCY CONTACT FORM 2019-2020

<b>Child's Name</b>	
<b>Address</b>	

<b>Parent's Name</b>	
<b>Home Phone</b>	
<b>Cell Phone</b>	
<b>Work Phone</b>	
<b>Email</b>	

<b>Additional Parent</b>	
<b>Home address if different than child</b>	

<b>Home Phone</b>	
<b>Cell Phone</b>	
<b>Work Phone</b>	
<b>Email</b>	

*If child has any other living arrangements, please be sure to note this.*

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|                       |  |
|-----------------------|--|
| <b>Child's Doctor</b> |  |
| <b>Address</b>        |  |
|                       |  |

|                              |  |
|------------------------------|--|
| <b>Doctor's phone</b>        |  |
| <b>Allergies</b>             |  |
| <b>Other health concerns</b> |  |

**WE MUST HAVE AT LEAST 1 OTHER NAME IN CASE OF EMERGENCY IF PARENTS CANNOT BE REACHED. Be sure these are people who are available locally so they are available to come to school if necessary.**

|                     |  |
|---------------------|--|
| <b>Name</b>         |  |
| <b>Relationship</b> |  |
| <b>address</b>      |  |
|                     |  |
| <b>Home phone</b>   |  |
| <b>Work phone</b>   |  |
| <b>Cell phone</b>   |  |

|                     |  |
|---------------------|--|
| <b>Name</b>         |  |
| <b>Relationship</b> |  |
| <b>address</b>      |  |
|                     |  |
| <b>Home phone</b>   |  |
| <b>Work phone</b>   |  |
| <b>Cell phone</b>   |  |

Your child will only be released to people listed as authorized on this form.