



Washington Street UMC Preschool

Learning to Live Lovingly

109 S. Washington Street

Alexandria, VA 22314

Tel. (703) 549-7931

wsumc.com/preschool

Emergency Contact Information

Please print clearly and complete this form in its entirety. Do not leave any fields blank.

When appropriate, indicate "not applicable / NA".

Child's Name: _____ Date of Birth: _____

Parent #1 Name: _____ Parent #2 Name: _____

Home Address: _____

City & State: _____ Zip Code: _____ Home Phone: _____

Family E-mail address: _____

Parent #1 Work Phone: _____ Parent #1 Cell Phone: _____

Parent #1 Employer & Complete Address: _____

Parent #2 Work Phone: _____ Parent #2 Cell Phone: _____

Parent #2 Employer & Complete Address: _____

EMERGENCY CONTACT & PICK-UP AUTHORIZATION

The following may be contacted and make decisions on my behalf in an emergency, IF I cannot be reached. They are also authorized to pick up my child from Washington Street UMC Preschool.

LOCAL Emergency Contact Name: _____ **Relationship to Child:** _____

Complete Address: _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Emergency Contact Name: _____ **Relationship to Child:** _____

Complete Address: _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Persons authorized to pick-up children from Washington Street Preschool must present a valid state issued photo-identification card to preschool staff. **It is the parents' responsibility to update their child's emergency contact information when necessary.** *Please use back of this form for additional contacts.*

Parent/Guardian Signature: _____ **Date:** _____

ADDITIONAL EMERGENCY CONTACT & PICK-UP AUTHORIZATION

The following may be contacted in an emergency IF I cannot be reached. They are also authorized to pick up my child from Washington Street United Methodist Church Preschool.

LOCAL Emergency Contact Name: _____

Complete Address: _____

Relationship to Child: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact Name: _____

Complete Address: _____

Relationship to Child: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____