

LEARNING PLACE PRESCHOOL
 2041 W. Glenoaks Blvd, Glendale, CA 91201 Tel. (818) 841-8383
 Email: thelearningplacepreschool@gmail.com
 Website: www.learningplacepreschol.com

EMERGENCY INFORMATION

CHILD DETAILS					
Last Name		First Name		Middle Name	
Date of Birth		Gender (M/F)		Age	
Precautions (Allergies)					
MOTHER'S DETAILS					
Full Name:					
Occupation:		Email address:			
Employer's Name		Work Address:			
Home Address:					
Home Phone #:		Work Phone #:		Cell Phone #:	
FATHER'S DETAILS					
Full Name:					
Occupation:		Email address:			
Employer's Name		Work Address:			
Home Address:					
Home Phone #:		Work Phone #:		Cell Phone #:	

EMERGENCY CARE INFORMATION (List someone other than the parents)

Name:	Relationship:	Telephone:
Address:		
Name:	Relationship:	Telephone:
Address:		City/Zipcode:
Doctor's name:		Telephone:
Address:		City/Zipcode:
Insurance Carrier:	Insurance #:	Insurance Tel. #

I understand that the school does not assume responsibility for payment of a physician. However, in an emergency we may choose a physician. The students insurance will be used in case of an accident	
Parent's Signature:	Date: