

Emergency Information for Students enrolled at
Early Childhood Opportunity Center
at Christ Church

Child's Name _____

Date of Birth ____ - ____ - ____

Parent's Names

Mother _____ Father _____

(H) Phone _____ Mom's Work _____

Dad's Work _____ Cell Number _____

In the event there is an emergency and we cannot reach you, please list two other's we may contact.

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

Below, please list all parties who are allowed to take your child from ECOC.

1. _____

2. _____

3. _____

4. _____

5. _____