



**ONEONTA MONTESSORI SCHOOL
EMERGENCY INFORMATION
2020-2021 SCHOOL YEAR**



We update our emergency card information yearly. Please complete this form; include all children enrolled at Oneonta Montessori School. Return it to the office as soon as possible.

CHILDREN'S Names (oldest first)

BIRTHDAYS

Home address:

_____ Street _____ City _____ Zip Code

Home Phone #:

MOTHER'S INFORMATION:

Name: _____

Home address:

_____ Street _____ City _____ Zip Code

Home Phone #:

Cell Phone #: _____

Profession:

Business Name: _____

Business Address:

_____ Street _____ City _____ Zip Code

Business Telephone #: _____

Mother's Email address: _____

FATHER'S INFORMATION:

Name: _____

Home address:

_____ Street _____ City _____ Zip Code

Home Phone #:

Cell Phone #: _____

Profession:

Business Name: _____

Business Address:

_____ Street _____ City _____ Zip Code

Business Telephone #: _____

Father's Email address: _____

PERSONS AUTHORIZED TO PICK-UP CHILD/CHILDREN OR TO CONTACT IN CASE OF EMERGENCY (other than parents)

NAME	RELATIONSHIP TO CHILD	TELEPHONE #
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Children will be released only to persons on this list with proper identification and authorization.
Please call the office if anyone other than those on this list will be picking up your child.*

ALLERGIES: (PLEASE LIST EVERYTHING CHILD IS ALLERGIC TO AND MEDICATION PRESCRIBED).

IF CHILD HAS A COURT ORDER, PLEASE CIRCLE COURT ORDERED PICK-UP DAYS & TIMES ASSIGNED TO EACH PARENT

Monday: Mom/Dad Time: _____ Tuesday: Mom/Dad Time: _____ Wednesday: Mom/Dad Time: _____
Thursday: Mom/Dad Time: _____ Friday: Mom/Dad Time: _____