

*Mt. Calvary Lutheran Preschool*  
**Contact Form**

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone: \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone: \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**EMERGENCY AND ILLNESS CONTACTS:**

In case I/We cannot be reached at the above phone numbers, the following person(s) may be called:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: X \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: X \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_