

St. JOHN'S PRESCHOOL
Emergency Location Information
Due on or before 1st day of School 2026/2027

Child's Name _____ Teacher _____

Address _____ Zip _____ Home Phone _____

Mother's Name _____ Work.# _____

Mobile # _____

Email Address _____

Father's Name _____ Work # _____

Mobile # _____

Email Address _____

Child's Physician/Phone # _____

Hospital Preference _____

Does your child have any known allergies?

Does your child take any medication regularly? Please list and advise us of anything we should be aware of regarding the medication.

Is this your child's first preschool experience? Does your child have *unusual* difficulty adjusting to new situations?

Please provide any additional information regarding your child that may be pertinent to his/her behavior or well-being while at St. John's (special security item, any social problems such as extreme shyness, biting, etc.).

Emergency Contacts (please do not list mother or father, we will try to contact either parent first)

Name _____ Phone# _____ Relationship _____

Name _____ Phone # _____ Relationship _____

***Please inform individuals you have listed them in case of emergency. They should be readily available during the day if you cannot be reached. Also, if the teachers or director do not know the person picking up your child, they will be required to show a valid driver's license. We will copy their ID and add to child's approved pick-up list.*