

Emergency Contact Form

Return to: Cathy Stange, Director
Little Angels Learning Center
First United Methodist Church, 214 E. Jefferson St., Iowa City, IA 52245
Phone: (319) 341-9757; Fax: (319) 337-0485
little-angels@icfirstchurch.org

Child's or Children's Name(s):

Child's Name:	Date of Birth:
Child's Name:	Date of Birth:
Child's Name:	Date of Birth:

Parent/Guardian/Custodian with Whom the Child Resides:

Name:	Relationship to child:
Name:	Relationship to child:
Home Address:	
Home Phone Number:	Cell Phone Number:
Work Phone Number:	Email Address:
Spoken language:	

Other than the parent, persons to contact in case of an emergency:

1. Name:	Relationship to child:
Home Phone Number:	Cell Phone Number:
Work Phone Number:	Email Address:
Home Address:	
2. Name:	Relationship to child:
Home Phone Number:	Cell Phone Number:
Work Phone Number:	Email Address:
Home Address:	

Are the above named people authorized to pick up your child? Yes No

Are there any custody/restraining orders for persons who may attempt to pick up or have contact with the child? If yes, complete this section.

Name of Individual	Relationship to child:
May this individual pick up or be in contact with your child?	Yes No
Name of individual	Relationship to child:
May this individual pick up or be in contact with your child?	Yes No

