



# Cornerstone Preschool & Extended Care

A ministry of South Hills Community Church

## Emergency Information Form

### STUDENT EMERGENCY INFORMATION

*Child's name:		*Date of birth: / /	
*Address:		Home phone: ( )	
Custody:	Lives with:		
Language(s) spoken at home:	Ethnicity (Optional):		

### STUDENT INSURANCE INFORMATION

*Name of <b>Child's</b> Health Insurance Carrier:	*Policy #:
Name of <b>Child's</b> Dental Insurance Carrier	Policy #:

### STUDENT MEDICAL INFORMATION

Name of Physician:	Phone: ( )
Name of Dentist:	Phone: ( )
*Transport to the following hospital:	*Allergies:
*Preexisting Health Conditions / Other Medical comments:	

### MOTHER'S INFORMATION

*Mother's name:	*Date of birth: / /
Home address:	Home phone: ( )
Employer:	Work phone: ( )
Work address:	Cell phone: ( )
**Email Address	

### FATHER'S INFORMATION

*Father's name:	*Date of birth: / /
Home address:	Home phone: ( )
Employer:	Work phone: ( )
Work address:	Cell phone: ( )
**Email Address	

**\*\*Please put me on the Cornerstone email list.    No    Yes**  
**Cornerstone will not share your email address with anyone. Correspondence may include notices from the office, information from the classroom, reminders, information about special programs and any changes to schedules, events or classroom activities.**

\* Required Fields