

EMERGENCY CONTACTS

1. Name: _____ Phone: _____

Relationship to Family: _____

2. Name: _____ Phone: _____

Relationship to Family: _____

3. Name: _____ Phone: _____

Relationship to Family: _____

4. Name: _____ Phone: _____

Relationship to Family: _____

In the event of an emergency, please contact the above individuals if parents/guardians, grandparents are not available and my child needs to be picked up from "Little Halos". Please make sure that all individuals have a photo ID present.

Parent/Guardian Signature: _____ Date: _____