



Sunny Faces Day Care, 30 Harefield Drive, Etobicoke ON, M9W 4C9 (416 744 0778)

EMERGENCY FORM

CHILD: _____
Surname Given Names Nickname

Date of Birth: (DD/MM/YY) _____ Age _____ Gender: Male _____ Female _____

Address _____ City: _____ Postal Code: _____
House Number/Street Name

Home Phone # (____) _____ - _____ Cell Phone # (____) _____ - _____

PARENT #1: Name _____ Same address above: YES _____ NO _____

Home Address _____ City: _____ Postal Code _____
Street number

Home Phone # (____) _____ - _____ Cell (____) _____ - _____

Work Phone # (____) _____ - _____ Cell (____) _____ - _____

Email Address _____

PARENT/CAREGIVER #2: Name _____ Same address above: YES _____ NO _____

Home Address _____ City: _____ Postal Code _____
Street number

Home Phone # (____) _____ - _____ Cell (____) _____ - _____

Work Phone # (____) _____ - _____ Cell (____) _____ - _____

Email Address _____

Please give the names and telephone numbers of friends or relatives who would assume responsibility for your child in the event of an emergency or who are authorized to pick up your child (including spouses) in the event that we are unable to contact you.

Emergency #1 Name _____		
First	Last	Relationship
Telephone Numbers: Home (____) _____ - _____	Cell (____) _____ - _____	Business (____) _____ - _____

Emergency #2 Name _____		
First	Last	Relationship
Telephone Numbers: Home (____) _____ - _____	Cell (____) _____ - _____	Business (____) _____ - _____

Emergency #3 Name _____		
First	Last	Relationship
Telephone Numbers: Home (____) _____ - _____	Cell (____) _____ - _____	Business (____) _____ - _____

