

YWDS

PLEASE COMPLETE BOTH HALVES OF THIS FORM FOR EACH ONE OF YOUR CHILDREN WHO IS AT YWDS. ONE HALF WILL REMAIN WITH YOUR CHILD'S TEACHER AND THE SECOND HALF WILL BE HELD IN OUR OFFICE. PLEASE WRITE CLEARLY

AS PART OF OUR EMERGENCY PREPAREDNESS PLAN, WE REQUIRE THE FOLLOWING INFORMATION IN THE EVENT THAT WE MUST VACATE THE SCHOOL PREMISES.

CHILD'S NAME/CLASS _____ **Birth date** _____

MOTHER'S NAME _____ **Home Phone** _____

MOTHER'S WORK ADDRESS _____

WK PHONE _____ **Cell Phones** _____

FATHER'S NAME _____

FATHER'S WORK ADDRESS _____

WK PHONE _____ **Cell Phones** _____

EMERGENCY NAMES AND TELEPHONE NUMBERS:

CURRENT MEDICATIONS/DOSAGE : _____

ALLERGIES _____



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