



THE LEARNING CENTER

AT LIVING WORD LUTHERAN CHURCH

For Office Use Only:

Child's Name: _____

Classroom: _____

Emergency Contact Information 2026-2027

The Learning Center takes all measures necessary to ensure the safety of your child while in our care. To ensure your child's safety, we ask that you complete the following information completely and accurately.

In the event of a medical emergency, the staff will obtain emergency medical treatment at the nearest emergency room. To further ensure the safety of your child, we require that you accurately include the **names, complete addresses, and all telephone numbers of those authorized to be contacted for your child in case of an emergency. This form must be updated when any changes in information occur.**

Child's Name: _____

Home Address: _____ City _____ Zip Code _____

Primary Phone Number: _____

Mother's Name: _____ Cell Phone: _____

Name of Business: _____

Work Address: _____ Work Phone: _____

Email Address: _____ Drivers License Number: _____

Father's Name: _____ Cell Phone: _____

Name of Business: _____

Work Address: _____ Work Phone: _____

Email Address: _____ Drivers License Number: _____

Whom should we contact in case of an emergency if parents/ guardians cannot be reached?

Emergency contacts are someone other than parents/guardians. Only provide names, addresses, and phone numbers of local individuals with real ability to be reached and who are authorized to pick up the child and seek proper medical attention for the child, when necessary. You must provide at least one emergency contact person other than parent or guardian complete with name, address, phone numbers, and drivers license number.

1. Name _____ Relationship _____

Home Address _____ City/Zip _____ DL# _____

Home Phone _____ Cell Phone _____ Work Phone _____

2. Name _____ Relationship _____

Home Address _____ City/Zip _____ DL# _____

Home Phone _____ Cell Phone _____ Work Phone _____

*****PLEASE COMPLETE AND SIGN REVERSE SIDE*****

3. Name_____ Relationship_____

Home Address_____ City/Zip_____ DL#_____

Home Phone_____ Cell Phone_____ Work Phone_____

The following individuals, *who may be emergency contacts*, have authorization to pick up your child on occasion. Families understand that they must update any additions or deletions in writing.
Furthermore, families understand that emergency contacts must be at least 18 years of age and have a valid photo identification.

1. Name_____ Relationship_____

2. Name_____ Relationship_____

3. Name_____ Relationship_____

4. Name_____ Relationship_____

Parent/Guardian Signature_____ Date_____