



1165 Weaver Dairy Road
Chapel Hill, NC 27514-1576
(919) 929-3339

EMERGENCY CONTACT INFORMATION

(Please print.)

Child's Name:		
(First)	(Middle)	(Last)
Child's Sex:	Child's Birth Date:	
Child's Home Address:		
Child's Home Telephone:		

Child's Father (or Guardian)		Child's Mother (or Guardian)	
Name:		Name:	
Home Address: <small>(If different from Child's)</small>		Home Address: <small>(If different from Child's)</small>	
Home Telephone:		Home Telephone:	
Home Email:		Home Email:	
Cell Telephone:		Cell Telephone:	
Business Address:		Business Address:	
Business Telephone:		Business Telephone:	
Business Email:		Business Email:	

Secondary Emergency Contact #1 *		Secondary Emergency Contact #2 *	
Name:		Name:	
Home Address:		Home Address:	
Home Telephone:		Home Telephone:	
Cell Telephone:		Cell Telephone:	
Business Address:		Business Address:	
Business Telephone:		Business Telephone:	

[* If a parent/guardian cannot be reached.]

Emergency Medical Information	
Child's Height:	Child's Weight:
List any allergies or health concerns of which we need to be aware:	
Child's Physician:	
(Name)	(Telephone)
Child's Dentist:	
(Name)	(Telephone)
Hospital preference (considered only when feasible):	

Volunteer Opportunities – Preschool

Volunteering is a great way to get to know your child's school. Please indicate the activities for which you would like to volunteer:

- Room parent (organize holiday parties and field trip drivers)
- Field trip driver
- Class historian (take photographs, assemble album)
- Provide refreshments for meetings
- Coordinate book orders
- Material making (cutting materials for art projects)
- Listen to readers
- Help with art projects
- Help with gardening
- Substitute in classroom
- Other: