LYRICAL CITY PRESCHOOL

STATE OF EMERGENCY INFORMATION

DEAR PARENTS,

THE DEPARTMENT OF SOCIAL SERVICES REQUESTS THE FOLLOWING INFORMATION TO BE ON FILE IN OUR PRESCHOOL IN THE EVENT OF A STATE OF EMERGENCY.

PLEASE GIVE THE SCHOOL (AND CARRY YOURSELF) A PHONE NUMBER FOR AN OUT-OF-STATE OR OUT-OF-AREA RELATIVE OR FRIEND TO BE USED FOR A CONTACT NUMBER TO REUNITE YOUR FAMILY.

CHILD'S NAME _____

PARENT'S NAME _____

OUT OF STATE/AREA ADULT TO BE CONTACTED:

NAME _____

ADDRESS _____

HOME PHONE _____

WORK PHONE _____

A SECOND NAME MAY BE DESIGNATED IF YOU WISH:

NAME _____

ADDRESS _____

HOME PHONE _____

WORK PHONE _____