

ARTwithHEART PMO—Emergency Form

Child's Name _____
Requested Start Date: _____ Days of Week: M T W Th F
Birth Date: _____ Home Phone: _____
Street Address _____ City/State/Zip: _____
Primary E-Mail Address: _____

Parent Status (please circle one):
Married Separated Divorced Other (explain): _____
With whom does the child live? _____
Are there any limitations on either parent's right to pick up or visit the child at the school? (please circle): Yes No
If yes, please attach a copy of the court order to keep on file at PMO.

Parent/Guardian 1: _____ Cell/Pager # _____
Employer or School _____ Work # _____

Parent/Guardian 2: _____ Cell/Pager # _____
Employer or School _____ Work # _____

Emergency Contact (other than Parent/Guardian—REQUIRED): _____
Relationship to child: _____
Emergency Contact #(s): _____

All persons listed above (parents/guardians/emergency contacts) have authorization to pick up the Child listed from PMO.
Signature _____ Date _____

Additional persons authorized for child pick-up: _____

Allergies and/or Special Concerns: _____

