

Emergency Contact

TCBC

2023-2024

Child's name _____

Class (day) _____

Parent name _____

Address _____

Allergies and Medical information

Please list anything we might need to know about child AND parent (include caregivers attending class)

Emergency contacts please provide information for two people

Name _____

Phone number _____

Alternate number _____

Name _____

Phone number _____

Alternate number _____