

St. Andrew's Episcopal Preschool  
Emergency Information Form – Mother's Morning Out

Child's Full Name \_\_\_\_\_ Name Used \_\_\_\_\_

Birth Date \_\_\_\_\_ (Must be at least 3 months old) Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Names of other children in the household	Age	Sex	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child's previous preschool experience (name of school, days per week):

---

---

Special concerns or difficulties (health, fears, allergies, medications, etc.):

---

---

Persons to contact in case of emergency (other than parents) - Please include phone number:

---

---

Space for Mother's Morning Out (MMO) is filled on a first come basis. If you reserve a space and fail to inform the school that your child will not be attending that day, you may be held responsible for payment that day. MMO is \$20/day (billed at the end of each month).

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

