



LITTLE ONES PRESCHOOL

STAFF MEMBER EMERGENCY CONTACT INFORMATION

Name: _____

School Year: _____

In the event of an emergency, please contact the following people:

1. Name: _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____

2. Name: _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____

3. Name: _____ Relationship: _____

Home #: _____ Work #: _____ Cell #: _____