

West Covina Christian Preschool
763 N. Sunset Avenue
West Covina, CA 91790
(626) 962-7080

TEACHER'S FORM
Please complete!

IDENTIFICATION AND EMERGENCY FORM

Name of Child _____ Birthdate _____

Address _____ Zip _____ Phone No. _____

ALLERGIES OR SPECIAL CONDITIONS _____

Father's Name _____ Occupation _____

Business Address _____ Zip _____ Phone No. _____

Mother's Name _____ Occupation _____

Business Address _____ Zip _____ Phone No. _____

Name of persons who may be called in an emergency if persons above cannot be reached:

1. _____ Relationship _____

Address _____ Phone No. _____

2. _____ Relationship _____

Address _____ Phone No. _____

Name of persons (other than father and mother) authorized to take child from Preschool. (If information changes during the year, the child's teacher must be notified verbally and in writing immediately. No child will be released without your authorization, even on a one-time basis. This is in accordance with the State Department of Health regulations).

1. _____ Relationship _____

Address _____ Phone No. _____

2. _____ Relationship _____

Address _____ Phone No. _____

Parent's or Guardian's Signature
