Prairie Home Kids After School

Emergency Contact Information

Please Print Clearly

Child's Name_____
First Middle Last

Mother	Father
Name _____ Street Address _____ City & State _____ Land Line _____ Cell _____ Email _____ Business Name _____ Street Address _____ City & State _____ Phone _____ Alternative Phone _____ Child's Doctor's Name _____ Office Address _____ City & State _____ Phone _____ Alternative Phone _____	Name _____ Street Address _____ City & State _____ Land Line _____ Cell _____ Email_____ Business Name _____ Street Address _____ City & State _____ Phone _____ Alternative Phone _____ Emergency Contact Person _____ Office Address _____ City & State _____ Phone _____ Alternative Phone _____