

Kidz BEAT Emergency Information Form

Child's Name: _____ Birth date: _____

Address: _____ City/Zip: _____

Home Phone: (____) _____

(1) Parent/Guardian #1 Name: _____

Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____

Where can you be reached while your child is attending Kidz BEAT? Phone: (____) _____

(2) Parent/Guardian #2 Name: _____

Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____

Where can you be reached while your child is attending Kidz BEAT? Phone: (____) _____

(3) Other Name: _____ Relationship: _____

Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Work Phone: (____) _____

Where can you be reached while your child is attending Kidz BEAT? Phone: (____) _____

Others Authorized to Pick Up

Name: _____

Name: _____

Phone: _____

Phone: _____

Relationship: _____

Relationship: _____