

KID'S DISCOVERY ACADEMY, INC

EMERGENCY CONTACT FORM/BUS RUNS

NAME OF SCHOOL: _____ PHONE NUMBER _____ - _____ - _____

SCHOOL ADDRESS: _____

GRADE: _____ DATE: _____

STUDENT NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

MOTHER'S INFORMATION:

NAME: _____

HOME NUMBER: _____ MOBILE NUMBER: _____

E-MAIL ADDRESS: _____

EMPLOYER: _____

WORK NUMBER: _____ WORK E-MAIL: _____

FATHER'S INFORMATION:

NAME: _____

HOME NUMBER: _____ MOBILE NUMBER: _____

E-MAIL ADDRESS: _____

EMPLOYER: _____

WORK NUMBER: _____ WORK E-MAIL: _____

Only the individuals listed below are authorized to pick up my child (ren) or be contacted in case of an emergency.

NAME: _____ Relationship to child: _____

ADDRESS/CITY /STATE/ ZIP: _____

HOME NUMBER: _____ MOBILE NUMBER: _____

NAME: _____ Relationship to child: _____

ADDRESS/CITY/ STATE/ ZIP: _____

HOME NUMBER: _____ MOBILE NUMBER: _____

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