## **EMERGENCY CONTACT CARD**

Welcome to GBC's Children's Education program! Please fill out the following information completely.

Today's Date: \_\_\_\_

Mother's First Name:
Father's First Name:
Family's Last Name:
Are you a (circle one): Visitor or Regular Attendee?
Address:
City, State, Zip:
Email:
Primary Phone:
Cell Phone:
Emergency Phone:
For the safety of our students, all children under the age of 11 will be escorted by a female adult to the restroom. If your child is 11 yrs and older, though an

Yes No

escort is not required, you can request for one by indicating so below. Please circle 'Yes' of 'No'.

## Please continue to the back of this card.



Medical Conditions/Needs						
Food Allergies						
Grade						
Age						
Birthday	D/M/Y	D/M/Y	D/M/Y	D/M/Y	D/M/Y	D/M/Y
Child's Name	First: Last:	First: Last:	First: Last:	First: Last:	First: Last:	First: Last: