



Jack Schwartz, Ph.D
Executive Director

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Director

Emergency Form 2011-2012

Washington Academy must have the names and telephone numbers of who to call in case of an emergency. Complete all of the following information and return **IMMEDIATELY**.

Child's Name _____ Birth Date _____ Grade _____
Mother/Guardian _____
Home Address _____ City _____ State _____ Zip _____
Home Telephone Number _____ Cell# _____

BUSINESS NAME _____
Business Address _____ City _____ State _____
Business Telephone _____ Ext. _____ Hours _____

Father/Guardian _____
Home Address _____ City _____ State _____ Zip _____
Home Telephone Number _____ Cell# _____

BUSINESS NAME _____
Business Address _____ City _____ State _____
Business Telephone _____ ext _____ Hours _____

Parent/Guardian please provide WASHINGTON ACADEMY with the names of **two additional** adult emergency contacts, **whom you authorize to pick up your child.**

Name Relationship

Home Tel No. Business Tel No. ext _____

Name Relationship

Home Tel No. Business Tel No. ext _____

PLEASE NOTIFY THE SCHOOL OFFICE **IMMEDIATELY** OF ANY ADDRESS OR TELEPHONE NUMBER CHANGE.