

Emergency Contacts and Authorized Pickup Persons

First Contact/Pickup Name: _____

Phone Number: _____ Relationship to Child: _____

Second Contact/Pickup Name: _____

Phone Number: _____ Relationship to Child: _____

Third Contact/Pickup Name: _____

Phone Number: _____ Relationship to Child: _____

Fourth Contact/Pickup Name: _____

Phone Number: _____ Relationship to Child: _____

Tuition/Payment Information

Current Tuition Amount: _____

Please outline below whom is responsible for tuition and fees.

Additional Comments & Information

Is there any other information that would be helpful to our Director and/teaching staff?

Please tell us how you heard about Imagine Preschool:

Signature(s):

Parent Signature Date

Parent Signature Date