



A Time to Grow Nursery School

PO Box 20, Fabius, New York 13063
manager@atimetogrownursery.org / 315-313-4307
Atimetogrownursery.org
A ministry of the Fabius Christian Church

EMERGENCY CONTACTS & AUTHORIZED PICK-UP FORM

Child's Name: _____

Does your Child have any allergies or medical prescription carry orders? _____

Parents are: Married Divorced Separated Other

Custody or Visitation consideration: _____

Emergency Contacts and best phone #s during school hours
(in order of contact preference)

Name (First & Last)	Relationship to Child	Phone Number 1	Phone Number 2



Persons Authorized to Pick-Up and best phone #s during school hours
(in order of contact preference, including parents)

Name (First & Last)	Relationship to Child	Phone Number

Primary Care Physician: _____

Phone Number of Primary Care Physician _____

Emergency Service/Hospital Preference, **if other than Golisano Children’s Hospital Pediatric ER**

I certify that the information on this page is accurate and complete:

Parent or Guardian Signature: _____ Date: _____

[This record will be kept on file with the **Child Supplemental Information Form** in the
classroom]

