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www.franklinpreschool.ca

Franklin Preschool Earthquake Information

Please print

Child's Name: _____
(Surname) (Given Name) (Preferred Name)

Sex: M F Birthdate: ____/____/____
Year Month Day

Child's personal health number (Care Card): _____

Home Address: _____ Postal Code: _____

Home Phone : _____

Parent's Name: _____ Daytime phone: _____

Cell phone: _____

Parent's Name: _____ Daytime phone: _____

Cell phone: _____

Guardian's Name: _____ Daytime phone: _____

Cell phone: _____

Doctor's name: _____ Doctor's Number: _____

Emergency Contacts:

1. Name: _____ Phone Number: _____

Cell Number: _____

Address: _____ Postal Code: _____

2. Name: _____ Phone Number: _____

Cell Number: _____

Address: _____ Postal Code: _____