Murrieta Ranch Pre-School & Kindergarten
Identification and Emergency Information

Childs Name _____ M or F   DOB _____

Address _____

City & State _____ Zip Code _____

Family's Primary Email Address _____

Indicate a #1 or #2 in left hand box next to parent name, which parent to notify first in case of an Emergency)

[ ] Mother's Name _____	Daytime#	( )	
Place of Employment _____	Bus#	( )	
Last 4 digits SS# _____	Cell/Pgr #	( )	
	Home #	( )	
[ ] Father's Name _____	Daytime#	( )	
Place of Employment _____	Bus#	( )	
Last 4 digits SS# _____	Cell/Pgr #	( )	
	Home #	( )	

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Person to call in case of emergency or illness if parents can't be reached

	Name	Relationship	Phone #
I	_____	_____	( ) _____
II	_____	_____	( ) _____
III	_____	_____	( ) _____

Physician To Be Called In An Emergency

Name _____ Phone # (   ) _____

Address _____

(*If physician cannot be reached, what action should be taken?*)

Hospital _____

Other _____

Parents Signature _____ Date _____

24850 Lincoln Avenue, Murrieta, CA 92562 (951) 677-0207; Fax (951) 698-9417 mrpsemrgingo13007