

IMPORTANT CONTACT INFORMATION for: (child name)_____

Neighborhood Schoolhouse • 1227 16th Street • Port Townsend, WA 98368 • 360.379.9070 • email info at: <http://ptnsh.com/contact.html>

Parent/Guardian	Parent/Guardian	Parent/Guardian or Emergency #1
Name/Relation:	Name/Relation:	Name/Relation:
Email address:	Email address:	Email address:
Physical address:	Physical address:	Physical address:
Mailing address:	Mailing address:	Mailing address:
Phone #1:	Phone #1:	Phone #1:
Phone #2	Phone #2	Phone #2
Phone #3	Phone #3	Phone #3
Emergency Contact #2	**also required for file - Emergency out-of-area contact (100+ mi. away)	Others Authorized to pick-up child
Name & Relation:	Name & Relation:	Name/Contact #
Email address:	Email address:	Name/Contact #
Physical address:	Physical address:	Name/Contact #
Phone #1:	Phone #1:	Name/Contact #
Phone #2	Phone #2	Name/Contact #
Phone #3	Phone #3	Name/Contact #

Your child will only be released to the people listed on this sheet. If there is a change or exception, please send consent in writing with your signature and date. Full Name Signature + printed name required (eg: Rebecca J Lovett)

Parent/Guardian:

Date: