

# LITTLE BUCS PRESCHOOL EMERGENCY AND INFORMATION FORM

Red Bank Regional High School

101 Ridge Road, Little Silver, NJ 07739

Ms. Ilana Anzalone, AM Teacher [ianzalone@rbrhs.org](mailto:ianzalone@rbrhs.org) 732-842-8000 ext. 315

Mrs. Ashley Rosenberg, PM Teacher [arosenberg@rbrhs.org](mailto:arosenberg@rbrhs.org) 732-842-8000 ext. 374

Child's Name \_\_\_\_\_ Nick Name \_\_\_\_\_

Birthday (month, day, year) \_\_\_\_\_ Age Oct 3, 2023 \_\_\_\_ Years \_\_\_\_ Months

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Preferred email \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Sibling Names and ages \_\_\_\_\_

Holidays Celebrated by the family \_\_\_\_\_

Friend, Neighbor, or Relative \_\_\_\_\_

(name)

(relationship)

(phone)

Friend, Neighbor, or Relative \_\_\_\_\_

(name)

(relationship)

(phone)

Family Doctor or Pediatrician \_\_\_\_\_

(name)

(phone)

**CHILD IS ALLERGIC TO:** \_\_\_\_\_

Please note any **medical or other concerns** which we should be aware of: \_\_\_\_\_

**IN THE EVENT OF ACCIDENT, INJURY, OR ILLNESS**, I authorize you to contact the above persons.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

**NOTE: Please use the back of this form to provide any further information about your child.**