ONEONTA MONTESSORI SCHOOL
EMERGENCY INFORMATION
2026-2027 SCHOOL YEAR

We update our emergency card information yearly. Please complete this form; include all children enrolled at Oneonta Montessori School. Return it to the office as soon as possible.

CHILDREN'S Names (oldest first) **BIRTHDAYS**

_____ _____
_____ _____
_____ _____

Home address: _____
Street City Zip Code
Home Phone #: _____

MOTHER'S INFORMATION:

Name: _____
Home address: _____
Street City Zip Code
Home Phone #: _____ Cell Phone #: _____
Profession: _____ Business Name: _____
Business Address: _____
Street City Zip Code
Business Telephone #:_____ Mother's Email address: _____

FATHER'S INFORMATION:

Name: _____
Home address: _____
Street City Zip Code
Home Phone #: _____ Cell Phone #: _____
Profession: _____ Business Name: _____
Business Address: _____
Street City Zip Code
Business Telephone #:_____ Father's Email address: _____

PERSONS AUTHORIZED TO PICK-UP CHILD/CHILDREN OR TO CONTACT IN CASE OF EMERGENCY (other than parents)

NAME **RELATIONSHIP TO CHILD** **TELEPHONE #**

_____
_____
_____

Children will be released only to people on this list with proper identification and authorization.
Please call the office if anyone other than those on this list will be picking up your child.

ALLERGIES: (*PLEASE LIST EVERYTHING CHILD IS ALLERGIC TO AND MEDICATION PRESCRIBED).*

_____
_____

IF CHILD HAS A COURT ORDER, PLEASE CIRCLE COURT ORDERED PICK-UP DAYS & TIMES ASSIGNED TO EACH PARENT

Monday: Mom/Dad Time: ____ Tuesday: Mom/Dad Time: ___ Wednesday: Mom/Dad Time: ____
Thursday: Mom/Dad Time: ____ Friday: Mom/Dad Time: ____

Please submit a copy of the court order, we will adhere to it. *Revised 6/25/26*