



HARVEST LEARNING CENTER

224 Harvest Lane | Natrona Heights, PA 15065 | 724.295.0611

TRANSPORTATION AND EMERGENCY CONTACT FORM

Child's Name: _____

Date of Birth: _____

Please list the primary person(s) on lines 1 and 2 that will be dropping off/picking up your child, or called first in the case of emergency.

Name: _____

Relationship: _____ Phone Number: _____

Name: _____

Relationship: _____ Phone Number: _____

EMERGENCY CONTACT:

Name: _____

Relationship: _____ Phone Number: _____

Name: _____

Relationship: _____ Phone Number: _____

Name: _____

Relationship: _____ Phone Number: _____

Please Note: You must contact the teacher by **2:15 PM** for any changes regarding who is picking your child up if it is someone other than who is listed on this contact sheet. When you call, you will be asked to give a description of the person picking the child up, as well as a description of the vehicle.