

EMERGENCY INFORMATION

ONE PER FAMILY

Student Name(s) _____
Last 1st Student 2nd Student 3rd Student
4th Student 5th Student 6th Student

Parent's Name (physical custodial) * _____
Last Mother Father

Email address to send school correspondence: _____

Catholic: Yes or No (circle one)

Baptized: Yes or No (circle one)

Child(ren) Birthday

If yes, where:

1st Student _____

1ST Student: _____

2nd Student _____

2nd Student: _____

3rd Student _____

3rd Student _____

Street _____ Home Phone _____

City _____ Zip Code _____

Mother's Employer _____ Work Phone _____

Alternate Phone _____

Father's Employer _____ Work Phone _____

Alternate Phone _____

Please list 2 people who will assume temporary care if you cannot be reached:

1.) Name _____ Phone _____

Alternate Phone _____

Address _____ Relationship _____

2.) Name _____ Phone _____

Alternate Phone _____

Address _____ Relationship _____

On most days, how is your child getting home from school? (Please circle)

Bus Car Childcare Walk

List names and phone numbers of any persons who have your permission to take your child home from school: _____

*If joint custody, please list other parent's name, address & phone here: _____

Family Physician _____ Phone _____

Medical Information (Allergies, Medication taken regularly, etc.) _____

In case of serious illness or accident, I request that St. Mary School personnel contact me or my physician if possible; if not, I authorize the school to take whatever steps they feel necessary.

Signature _____ Date _____

Please note: If any of the above information should change during the school year, it is very important that you inform us of the change.