

Emergency Contact



Parent Guardian #1 Name: _____

Cellphone: _____ Work Phone: _____

Email: _____

Parent Guardian #2 Name: _____

Cellphone: _____ Work Phone: _____

Email: _____

Siblings in School _____ Grade _____ Teacher _____

Siblings in School _____ Grade _____ Teacher _____

Siblings in School _____ Grade _____ Teacher _____

Siblings in School _____ Grade _____ Teacher _____

Transportation from School

Circle ALL that apply

Parent pick up days: M T W TH F

Aftercare Days: M T W TH F



Persons allowed to pick me up with Proper ID

1. Name: _____ Relation: _____

Phone Number: _____

2. Name: _____ Relation: _____

Phone Number: _____

3. Name: _____ Relation: _____

Phone Number: _____

4. Name: _____ Relation: _____

Phone Number: _____

5. Name: _____ Relation: _____

Phone Number: _____