

**After School Care Contact Information 2017-2018
St. Joseph School**

PLEASE PRINT:

Family Name _____

Parent/Legal Guardian Name _____

Mailing Address _____

Email Address _____

Student(s) Name _____

EMERGENCY CONTACT INFORMATION

******* Indicate with “ ** ” WHO SHOULD BE CONTACTED FIRST *******

_____ **Father/Guardian Name** _____

Home _____ **Cell** _____ **Work** _____

_____ **Mother/Guardian Name** _____

Home _____ **Cell** _____ **Work** _____

Please list TWO emergency contact persons who are authorized to pick up your child/children. A photo ID must be presented upon pickup for security purposes.

1. _____
Name Relationship Phone Number

Address

2. _____
Name Relationship Phone Number

Address