

**After School Care Contact Information 2016-2017
St. Joseph School**

PLEASE PRINT:

Family Name _____

Parent/Legal Guardian Name _____

Student(s) Name _____

Mailing Address _____

Email Address _____

EMERGENCY CONTACT INFORMATION

****INDICATE WITH AN ASTERISK * WHO SHOULD BE CONTACTED FIRST. ****

Parent/Guardian Name		Home Phone	Work Phone	Cell Phone
Father/ Guardian				
Mother/ Guardian				

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.

Primary Name _____ **Relationship** _____

Address _____ **Phone** _____

Secondary Name: _____ **Relationship** _____

Address _____ **Phone** _____