



STAFF  
ONLY

**Emergency Contact Information**  
Parent/Student Information Form

<b>Parent/Guardian Contact Information</b> <i>(please provide all information requested)</i>			
Father's Full Name (or guardian)			
Street Address	Apt. No.	City & State	Zip Code
Day Phone No.	Cell Phone No.	Home Phone No.	Email Address
Mother's Full Name (or guardian)			
Street Address	Apt. No.	City & State & Zip code	
Day Phone No.	Cell Phone No.	Email Address	
Emergency Contact Full Name	Relationship to Family	Phone No.	

<b>Complete All Information for Each Child Enrolled</b>					
First Name	Last Name	Gender	Grade	Age	D.O.B.
1.					
2.					
3.					

<b>List Other Adults that are Authorized to Pick-up Your Child/Children</b>		
Adult's Full Name	Relationship to Child/Children	Phone Number