



# Family Contact Information 2019-2020

**FAMILY NAME** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_ **Grade** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_ **Grade** \_\_\_\_\_

~~~~~

**Father's Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Father's address:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

~~~~~

**Mother's Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Mother's address:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**If parent is not available, contact: (at least two names please)**

|    | <u>First and Last Name</u> | <u>Relationship</u> | <u>Phone</u> |
|----|----------------------------|---------------------|--------------|
| 1. | _____                      | _____               | _____        |
| 2. | _____                      | _____               | _____        |
| 3. | _____                      | _____               | _____        |

**Doctor's name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Dentist's name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Hospital preference:** \_\_\_\_\_

If the doctor or any person named is unavailable, permission is granted to the school to follow whatever emergency procedure is necessary.

**Parent or Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

~~~~~

**Pre-K only:** Please complete your child's schedule by indicating the day he/she attends with FT or PT for the day.

**Monday** \_\_\_\_\_ **Tuesday** \_\_\_\_\_ **Wednesday** \_\_\_\_\_ **Thursday** \_\_\_\_\_ **Friday** \_\_\_\_\_