STUDENT EMERGENCY RECORD
2016-2017

Child (ren) attending
St. Mary's School:

_____ _____ _____ _____
(Last) (First) (Grade) Birth date

Non refundable
$40.00 registration
Fee per family

_____ _____ _____ _____
(Last) (First) (Grade) Birth date

Paid _____

Date_____

_____ _____ _____ _____
(Last) (First) (Grade) Birth date

Kindergarten ONLY
Full day _____
Half - day_____

_____ _____ _____ _____
(Last) (First) (Grade) Birth date

HOME

Children primarily with: □ Father& Mother □ Father □ Mother □ Guardian (name) _____

Home Address: _____
(street) (city) (state) (zip)

Home Phone: _____ Home Email: _____

FATHER

Father's Name: _____ Father's Cell: _____

Father's Address: □ Same as above _____
(street) (city) (state) (zip)

Place of Employment: _____ Work Phone: _____

Father's Email: _____

MOTHER

Mother's Name: _____ Mother's Cell: _____

Mother's Address: □ Same as above _____
(street) (city) (state) (zip)

Place of Employment: _____ Work Phone: _____

Mother's Email: _____

CONTACT

In an emergency or for communication during the school day, please mark the best/easiest way to make contact:

1st Contact: □ Home □ Father's cell □ Father's work □ Mother's cell □ Mother's work □ Other (name and relationship to child): _____ phone: _____

2nd Contact: □ Home □ Father's cell □ Father's work □ Mother's cell □ Mother's work □ Other (name and relationship to child): _____ phone: _____

3rd Contact: □ Home □ Father's cell □ Father's work □ Mother's cell □ Mother's work □ Other (name and relationship to child): _____ phone: _____

Parish member or Non - Parish member:_____ Allergies/Medical Conditions:_____

Other Misc. Information: _____

Public School District in which you currently live: □ Greensburg □ North Decatur □ South Decatur □ _____ (other)

"Usual" Route Home from School: □ Bus # _____ Driver: _____ □ Car Driver: _____ □ Playhouse/After-school Care □ Walker □ Bike Rider