

## Family Contact Info

Family name:			Parents: (mom)			(dad)		
Children:	Name	Middle Name	Grade	DOB Day/mo/year	Health Card No.	Dr.'s Name:	Dr.'s Phone	Allergies/medical conditions:

Address:	Home email(s)		Any important information about your child/ren that the school should be aware of:
	Mom:		
	Dad:		
Home Phone:			

<b>Mother / Guardian</b>		<b>If separated or divorced:</b>		<b>CARPOOL/ PICKUP PERMISSION</b>					
Place of Employment:		Mother's home address:					Phone	Name	Relationship
Address of Employment:									
Phone (work):		Phone:							
Cell phone:		E - mail:							
E-mail at work:									

<b>Father / Guardian</b>		<b>If separated or divorced:</b>		<b>CARPOOL/ PICKUP PERMISSION</b>					
Place of Employment:		Father's home address:					Phone	Name	Relationship
Address of Employment:									
Phone (work):		Phone:							
Cell phone:		E-mail:							
E-mail at work:									

Emergency Contact Person:			
Relationship to child/ren:			
Phone (home):			
Phone (work):			
Cell phone:			
Caregiver (if appl):		Phone:	

Signatures of Parents/Guardians:

X	
Father/Guardian	
Date:	

X	
Mother/Guardian:	
Date:	

Note: Please notify the office with any changes