

Family Emergency Information

Daycare

Please Print

School Year: 2010-2010

Father Information

Not living with you
(Circle if true)

Full Name: _____

First

Last

Current Address _____

Street

City

State

Zip

Social Security Number: _____ Email Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Fax # _____

Religion _____ Occupation _____

Name of Employer or Business _____

Business Address _____

Mother Information

Not living with you
(Circle if true)

Full Name: _____ Maiden Name _____

First

Last

Current Address _____

Street

City

State

Zip

Social Security Number: _____ Email Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Fax # _____

Religion _____ Occupation _____

Name of Employer or Business _____

Business Address _____

Parent/Guardian Information

____ Married ____ Married, but Separated ____ Divorced ____ Other

Child resides with:

____ Both ____ Father ____ Mother ____ Other

Who has legal custody?

____ Both ____ Father ____ Mother ____ Other

Are there visitation or court restriction? ____ No ____ Yes If yes, it is important to provide documents to the Daycare director.

Name of Person(s) responsible for paying daycare fees and tuition:

Children in Sacred Heart School Daycare Program:

Name _____ Grade _____

Name _____ Grade _____

Name _____ Grade _____

In case of accident or illness when parents cannot be reached:

(a) Do you authorize the school/daycare to act if medical services seem necessary? Yes _____ No _____

(b) Do you authorize the school/daycare to call for medical transportation if necessary? Yes _____ No _____

(c) If your child has a medical condition the school/daycare should know about, please explain.

Allergies/Additional Information: _____

**All medications taken during school/daycare hours requires an
“Authorization for Medication Administration” to be filled out by the parent/guardian.**

(a) Please list names of nearest relative or near neighbor to whom your child may be sent if parents cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Doctor’s name & phone # _____

Dentist’s name & Phone # _____

Insurance Company: _____ Policy Number: _____

Name/Names: _____

Your student(s) Name(s)

- My children have permission to participate in school/daycare sponsored field trips during the current academic year by walking, bus, or private motor vehicle: under required supervision. Notice will be given.
- Sacred Heart School uses many different forms of media for exposure. Your child could be used as part of this exposure. Should you *not* want your child photographed, interviewed or videotaped, please notify the school in writing.

Parents Signature _____ **Date** _____

Non-Emergency Pick-up

Additional Names of Person's who have permission to pick-up your child from school:
(If the same as above you do not need to fill this part out.)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Comments about your child:

Signature of Parent: _____ Date: _____