

# Family Emergency Information

## Daycare

Please Print

School Year: 2019-20120

### 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.
- **By signing this contract you agree to the terms and conditions stated.**

**Parents Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please fill out **completely**

**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:**

**PLEASE MAKE SURE FORMS ARE COMPLETELY FILLED OUT  
 AND SIGNED AND DATED BEFORE TURNING IN.**

**Registration Forms due:**

Family Emergency Forms

Schedule A Form

Voided Check

Fees

**If fees are not included they will be auto deducted on your first schedule withdrawal**

**By signing this contract you agree to the terms and conditions stated.**

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_