

Contact Information

School Year 2017-2018

Child's First Name	Child's Middle Name	Sex ___M___F	Age _____
Child's Last Name	Date of Birth		

Primary Contact and Release Persons – Include parent and guardian information

Parent/Guardian/relationship to child	Home Phone	Cell Phone
Home address	Preferred email address	
Employer and address	Work phone/Ext	
Parent/Guardian/relationship to child	Home Phone	Cell Phone
Home address	Preferred email address	
Employer and address	Work phone/Ext.	

Emergency contact and release persons – do not include parents/guardians. List in order of how you would like the emergency contact called in the event you can't be reached.

Name #1-Mandatory Emergency contact/relationship to child	Home phone	Cell Phone Work phone/Ext.
Name #2-Mandatory Emergency contact/relationship to child	Home phone	Cell Phone Work phone/Ext.
Name #3-Mandatory Emergency contact/relationship to child	Home phone	Cell Phone Work phone/Ext.

Please notify St. Pascal Childhood Learning Center if an emergency release person will be picking up your child. For the safety of your child we will request all authorized pick up people with whom staff are not familiar to provide Government issued photo ID at time of pick up.

- The person designated in this section will be contacted by St. Pascal Childhood Learning Center and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached.
- Center staff will release your child only to you or to those person you have listed above. Emergencies may prevent you from picking up your child; therefore, include those individuals whom you would authorize in such events. If you want a person who is not identified above to pick up your child, you must notify center staff in advance, preferably in writing. Your child will not be released without prior authorization.