



Emergency and Pick Up Information
2019-2020

Please complete one form per family and return to the office.

Child's Name

Birthdate

Grade

Four rows of horizontal lines for entering child information.

Address child/ren live at during the week:

Street Number and Name City Zip Code

Mother/Female Guardian

Mother's first and last name Cell phone Home phone E-mail address Employer Position Employer's Address Work Phone

Father/Male Guardian

Father's first and last name Cell phone Home phone E-mail address Employer Position Employer's Address Work Phone

In case of emergency, the staff of St. Ray's will attempt to contact the parent(s) first. In case the parent(s) cannot be reached, please indicate two other people who may be notified.

Name Phone Relationship Name Phone Relationship

Authorized Pick-Up: In addition to the emergency contacts, the following persons are authorized to pick-up my child/children:

Name/Relation Name/Relation Name/Relation Name/Relation

Do not allow my child/ren to be picked up by:

Signature of Parent/Legal Guardian Date