

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

Child's First/Last Name

Birthdate

Grade

Who does the child/ren live with during the week? ☐ Both parents ☐ Father ☐ Mother ☐ Mother & Stepfather
☐ Father & Stepmother ☐ Grandparents ☐ Guardian ☐ Split between two homes

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