

Stratford Academy ASAP

Emergency Information Form

This form MUST be completed and on file for ALL Preschool and Lower Students.

PLEASE MAKE SURE EVERY BLANK IS COMPLETED, EVEN IF IT IS WITH "N/A".

Your child may not stay in ASAP until this form is completed and on file with ASAP Staff.

Student's Full Name _____

Student's Date of Birth _____ Grade level: _____ Homeroom Teacher _____

Student's Home Address _____

City _____ State _____ Zip _____

If we need to contact you, what is your preferred phone number? _____

Father's Name _____

Father's Address (IF DIFFERENT FROM CHILD'S) _____

City _____ State _____ Zip _____

Father's Place of Employment _____

Work Address _____

Father's Home Ph. _____ Cell Ph. _____ Business Ph. _____

Father's Email Address _____

Mother's Name _____

Mother's Address (IF DIFFERENT FROM CHILD'S) _____

City _____ State _____ Zip _____

Mother's Place of Employment _____

Work Address _____

Mother's Home Ph. _____ Cell Ph. _____ Business Ph. _____

Mother's Email Address _____

Student's Physician _____ Phone _____

Allergies (BE SPECIFIC) _____

Does your child have any special dietary restrictions based on religion or allergies? If yes, please explain and give specific information. _____

Please list any individuals, other than parents, who have permission to pick up your child from ASAP.

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

3. _____ Relationship _____ Phone _____

4. _____ Relationship _____ Phone _____

Emergency Contact (Other than mother and father)

_____ Relationship _____ Phone _____

Parent Signature: _____ Date _____