

TO BE COMPLETED BY PARENT/GUARDIAN FOR ALL ENROLLED STUDENTS

2026-2027 EMERGENCY CONTACT INFORMATION



Child Name: _____ Birthday: _____

Child Name: _____ Birthday: _____

Child Name: _____ Birthday: _____

Child Name: _____ Birthday: _____

Home Address: _____

City: _____ ST: _____ Zip Code: _____

List phone number(s) to receive SchoolMessenger Emergency calls/texts:

Phone Number: () _____ Phone Number: () _____

Primary Contact Email Address*: _____

**School and Home School Association correspondence will be sent to this email address.*

MOTHER'S INFO

Mother's Name: _____

Mother's Street Address: _____

City: _____ ST: _____ ZIP: _____

Home Number: () _____ Work Number: () _____ Mobile Number: () _____

Email: _____

FATHER'S INFO

Father's Name: _____

Father's Street Address: _____

City: _____ ST: _____ ZIP: _____

Home Number: () _____ Work Number: () _____ Mobile Number: () _____

Email: _____

Parish Where Family is Registered: _____ Town: _____

MEDICAL

Doctor Name: _____ Phone Number: () _____

Allergies or Medical/Health Problems: _____

Medical Insurance Company, Policy/ Group #: _____

In case of an emergency or illness and we are unable to reach you, please provide two persons we can contact to pick your child up from school and take your child home if necessary.

EMERGENCY INFO

Name: _____ Relationship: _____

Day Phone No.: () _____ Mobile Number: () _____

Name: _____ Relationship: _____

Day Phone No.: () _____ Mobile Number: () _____

Parent/Guardian Signature: _____ Date: _____