

**CONTACT CARD 2018-2019**

FAMILY NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

NAME OF FATHER: \_\_\_\_\_

CELL #: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

WORK#: \_\_\_\_\_

NAME OF MOTHER: \_\_\_\_\_

CELL #: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

WORK#: \_\_\_\_\_

SCHOOL COMMUNICATION EMAIL: \_\_\_\_\_

\_\_\_\_\_

NAMES/GRADE/DOB of children at St. John's school:

\_\_\_\_\_  
Name Gr. Date of birth

\_\_\_\_\_  
Name Gr. Date of birth

\_\_\_\_\_  
Name Gr. Date of birth

\_\_\_\_\_  
Name Gr. Date of birth

**In case of emergency, illness, or accident, involving the child(ren) named above, the school is authorized to proceed as indicated below. Number each item 1, 2, 3, etc., in order of desired action. We need at least one person to contact if both parents are unavailable.**

( ) Contact father \_\_\_ Home \_\_\_ Cell \_\_\_ Work

( ) Contact mother \_\_\_ Home \_\_\_ Cell \_\_\_ Work

( ) Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

( ) Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Date: \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_