



Registration and Emergency Information

This is a very important required form. **Please fill it out completely and please print clearly.** For safety reasons, this form is updated annually for every student. It is photocopied “as is” and compiled in notebooks to create the “Emergency Directories” that are given to each teacher. The original remains in the child’s school file.

Child’s Name (last, first, middle)	
Nickname	
Birthdate	
Gender	
Parent/Guardian Name	
Home Address	
Home Phone	
Cell/Alternative Phone	
Business Name/Address	
Business Phone	
Parent/Guardian Name	
Home Address	
Home Phone	
Cell/Alternative Phone	
Business Name/Address	
Business Phone	
Physician’s Name	
Physician’s phone number	

List two friends or neighbors who may be contacted in an emergency if parents/guardians are unreachable. You must list two contacts outside your immediate family—and provide all applicable information completely.

Alternative contact #1

Name	
Relationship	
Home Address	
Home Phone	
Cell/Alternative Phone	
Business Name/Address	
Business Phone	

Alternative contact #2

Name	
Relationship	
Home Address	
Home Phone	
Cell/Alternative Phone	
Business Name/Address	
Business Phone	

