

ST JOHN LUTHERAN SCHOOL - REGISTRATION/EMERGENCY CONTACT INFORMATION

School Year _____

Child's name: _____
Last First MI Date of Birth Grade Gender Race

Child's name: _____
Last First MI Date of Birth Grade Gender Race

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Child's name: _____
Last First MI Date of Birth Grade Gender Race

Parent/Guardian Name (Primary Contact/Financially Responsible):

Name: _____

Relationship to Child: _____ Home Phone #: _____

Address: _____

Cell Phone #: _____ Email: _____

Cell Phone Carrier: _____ Alternate Phone #: _____

Secondary Parent/Guardian Contact:

Name: _____

Relationship to Child: _____ Home Phone #: _____

Address: _____ Email: _____

Cell Phone: _____ Alternate Phone #: _____

Family Physician: _____ Family Dentist: _____

Physician Phone #: _____ Dentist Phone #: _____

Allergies: _____ Give Meds: YES/NO

If emergency treatment is required, and the parents/guardian cannot be reached immediately, may the school authorities use their own judgment in calling the doctor indicated above, or if not available an alternate doctor?

YES / NO If "NO" what do parents want done: _____

If a student needs emergency medical attention an ambulance will be called and the parents will be notified.

Emergency Contact: if parent/guardian cannot be reached:

Alternate contact name: _____ Relationship to Child: _____

Main Contact Phone #: _____ Alt. Phone #: _____

Can Pick Up: YES/NO

Alternate contact name: _____ Relationship to Child: _____

Main Contact Phone #: _____ Alt. Phone #: _____

Can Pick Up: YES/NO

Name	Address	Phone
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Is primary parent a St. John Lutheran Church Member YES/NO

If "NO" What church do you attend: _____

Would you like to receive weekly newsletter and other information via email? YES/NO