

ST JOHN LUTHERAN SCHOOL - REGISTRATION/EMERGENCY CONTACT INFORMATION

School Year _____

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 _____

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 via **EMAIL** or **PRINTED COPY** (Please circle an option)

Would you like to received TEXT messages via the REMIND APP? If so, please list the phone numbers to text to below:
