

EMERGENCY CONTACT INFORMATION – SCHOOL YEAR 20__ - 20__

Please print all information

Check here if address/phone/email is different than last year.

Student's Last Name	Student's First Name	Middle
Teacher: _____	Grade: _____	Bus #: _____
Address: _____	Home Phone #: _____	
_____	Housing Development: _____	
Date of Birth: _____	Age: _____	
Does your child attend the afterschool program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Days Attending: Mon Tue Wed Thu Fri		

PARENT/GUARDIAN INFORMATION

<u>FATHER</u>	<u>MOTHER</u>
(Circle one) Parent Step-parent Guardian	(Circle one) Parent Step-parent Guardian
Name: _____	Name: _____
Address: _____ (if different than above)	Address: _____ (if different than above)
Home Phone # _____	Home Phone # _____
Occupation: _____	Occupation: _____
Name of Employer: _____	Name of Employer: _____
Employer Address: _____	Employer Address: _____
Work Phone #: _____	Work Phone #: _____
Cell Phone #: _____	Cell Phone #: _____
E-mail Address: _____	E-mail Address: _____
Family Doctor: _____	Phone #: _____

Do you have health insurance?

Yes Insurance Provider: _____

No - If no, NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 800-701-0710 or visit www.njfamilycare.org to apply online. You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

_____ Signature	_____ Printed Name	_____ Date
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Written consent required pursuant to 20 U.S.C. §1232g(b)(1) and 34 C.F.R. 99.30(b).

Other Children Attending this School:

_____	_____
_____	_____

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Student's Last Name

Student's First Name

Middle

NAME OF NEARBY PERSON TO CALL IN CASE OF EMERGENCY (In addition to above)

Name: _____

Phone #: _____

Name: _____

Phone #: _____

Parent Signature: _____ Date: _____

****EMERGENCY DISMISSAL PROCEDURES****

My child shall follow the following procedure in case of an EARLY EMERGENCY DISMISSAL!

My child will be dismissed on their assigned bus and be dropped off at: home, childcare provider, or daycare facility.

If there is no one home or the facility is closed, the plan in place is that they should go to one of the following locations. In order of preference:

Choices must be located in your neighborhood and/or bus route.

Name	Address	Phone #
1.		
2.		

This plan has been DISCUSSED WITH MY CHILD. I know that the school will use this information in the event of an early dismissal and my child will be instructed to follow these procedures unless otherwise notified. We agree to update as needed.

Note: In the event of an emergency closing, all after school programs will be cancelled, including the after school program at our school. If your child attends an after school program provided by either Catholic Charities or the Jointure, he/she will be sent home on his/her regularly assigned bus.

*Please feel free to add below any pertinent information we should know about for the daily care of your child. Please **do not** include confidential information or confidential health issues. Confidential information should be shared with the building principal or school nurse.*

Parent Signature: _____ Date: _____