

2014-15
FAMILY INFORMATION AND CONTACT LIST

COMPLETE ONLY ONE PAGE PER FAMILY

HOME CONTACT INFORMATION			
Email Address (for school event info & lunch billing)		Primary Phone Number (for emergency or sick child)	
Mailing Address		City	State
			Zip Code

Child resides with: Mother Father Both Other _____

ALL CHILDREN IN YOUR HOUSEHOLD SCHOOL AGE OR YOUNGER (OLDEST FIRST)			
First and Last Name	Date of Birth	Sex	Current Grade

ADULTS CHILD LIVES WITH			
Relationship	First and Last Name	Daytime Phone Numbers	
		Work (Name of Business)	
		Cell	
		Work (Name of Business)	
		Cell	
		Work (Name of Business)	
		Cell	

RELATIVES OR FRIENDS WHO CAN ASSUME TEMPORARY OR EMERGENCY CARE OF YOUR CHILD IN THE EVENT THAT A PARENT CANNOT BE REACHED			
First and Last Name	Daytime Phone	City	Relationship

IS THERE AN ADDITIONAL PARENTAL ADDRESS THAT DUPLICATE SCHOOL CORRESPONDENCE SHOULD BE SENT TO?		
Name	Mailing Address	Relationship

I give the Parkers Prairie Elementary school staff permission to use this contact information in order to care for and insure the safety of my child(ren).

Parent/Guardian Signature: _____ Date _____