

**McCurdy After School Care Program
STUDENT EMERGENCY FORM
2016-2017**

STUDENT INFORMATION – (Please print legibly)

E-Mail Address – Home _____

E-Mail Address – Work _____

LAST NAME: _____

FIRST NAME	GRADE	DATE OF BIRTH	PLACE OF BIRTH	ETHNICITY	RELIGION	STUDENT LIVES WITH:

PARENT/GUARDIAN INFORMATION – (Please print legibly)

NAME	MAILING ADDRESS	PHYSICAL ADDRESS	HOME PHONE #	WORK PHONE #	CELL PHONE #
FATHER:					
MOTHER:					
GUARDIAN:					

*** If applicable, list the address of the second custodial parent and indicate if you want report cards sent to both addresses.**

EMERGENCY INFORMATION (NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY)

NAME / RELATIONSHIP	HOME PHONE #	WORK PHONE #	CELL PHONE #
1.			
2.			
3.			

PLEASE COMPLETE BOTH SIDES OF THE EMERGENCY FORM

