

**McCurdy Ministries Community Center After School Care Program  
STUDENT EMERGENCY FORM  
2020-2021**

**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 information 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**

