

CONTACT CARD 2024-2025

FAMILY NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____

NAME OF FATHER: _____

CELL #: _____

PLACE OF EMPLOYMENT: _____

WORK #: _____

NAME OF MOTHER: _____

CELL #: _____

PLACE OF EMPLOYMENT: _____

WORK #: _____

SCHOOL COMMUNICATION EMAIL: _____

NAMES/GRADE/DOB of children at St. John's school:

Name Gr. Date of birth

Name Gr. Date of birth

Name Gr. Date of birth

Name Gr. Date of birth

In case of emergency, illness, or accident, involving the child(ren) named above, the school is authorized to proceed as indicated below. Number each item 1, 2, 3, etc., in order of desired action. We need at least one person to contact if both parents are unavailable.

() Contact father ___ Home ___ Cell ___ Work

() Contact mother ___ Home ___ Cell ___ Work

() Contact _____ Relationship _____ Telephone _____

() Contact _____ Relationship _____ Telephone _____

Date: _____ Signature of parent/guardian _____