



St. John
THE Baptist
Catholic
School

Afterschool Childcare Emergency Contact Form

Date: _____

Parent / Guardian Information

Mother (Guardian):

First/Last name: _____

Address: _____

Email address: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Phone: _____

Place of employment: _____

Father (Guardian):

First/Last name: _____

Address: _____

Email address: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Phone: _____

Place of employment: _____

Emergency contact(s) for after school hours:

First/Last name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to child: _____

First/Last name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Relationship to child: _____

Approved people for pickup:

Individuals not listed will be unable to take children without phone authorization from parent/guardian.
Please keep this updated.

I give authorization for my child's medical records to be copied and filed in the child care classroom.

Parent/Guradian Signature