

Saint Gabriel Preschool/Daycare

STUDENT INFORMATION - TO BE KEPT IN EMERGENCY FOLDER

7033540395 * admin@stgdaycare.org

****Please fill out completely. If not applicable, write "N/A".****

Child (Last Name)	(First Name)	(M. I)	(D.O.B.)	Nickname	Sex M / F
Address (No. Street/Apt.)			(City)	(State)	(Zip)
				Primary Number (Cell / Home) () -	
Mother's e-mail :			Father's e-mail:		

PARENTS/GUARDIAN

Person(s) or Agency Having Legal Custody of Child

Father's Name:					
Address (No. Street/Apt.)			(City)	(State)	(Zip)
				Primary Number (Cell / Home) () -	
Father's Place of Employment:					
Address (No. Street/Apt.)			(City)	(State)	(Zip)
				Business Phone () -	

Religion _____ Parish _____
 Marital Status (Circle) Married Separated Divorced* Widowed Single Remarried

Mother's Name:					
Address (No. Street/Apt.)			(City)	(State)	(Zip)
				Primary Number (Cell / home) () -	
Mother's Place of Employment:					
Address (No. Street/Apt.)			(City)	(State)	(Zip)
				Business Phone () -	

Religion _____ Parish _____
 Marital Status (Circle) Married Separated Divorced* Widowed Single Remarried

***Appropriate custody paperwork MUST be attached.**

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency ^{1*}	
Child's Physician	Phone () -

EMERGENCY CONTACT INFORMATION

Name: First and Last					
1.			Circle: (aunt/uncle) (grandparent)(friend)		
Address (No. Street/Apt.)			(City)	(State)	(Zip)
				Primary Number (Cell / Home) () -	
2.			Circle: (aunt/uncle) (grandparent)(friend)		
Address (No. Street/Apt.)			(City)	(State)	(Zip)
				Primary Number (Cell / Home) () -	
Person(s) Authorized To Pick Up Child (cont. on pg. 2)					
Person(s) NOT Authorized to Pick Up Child ^{2*}					

^{1*}Must be noted in the health form filled out by child's physician

^{2*} Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.