



Emergency and Pick Up Information
2024-2025

Please complete one form per family and return to the office.

Child's First/Last Name

Birthdate

Grade

Four rows of horizontal lines for entering child information.

Who does the child/ren live with during the week? Both parents, Father, Mother, Mother & Stepfather, Father & Stepmother, Grandparents, Guardian, Split between two homes

Address child/ren live at during the week:

Street Number and Name, City, Zip Code

Mother/Female Guardian

Mother's first and last name

Cell phone, Home phone

E-mail address

Employer, Position

Employer's Address, Work Phone

Father/Male Guardian

Father's first and last name

Cell phone, Home phone

E-mail address

Employer, Position

Employer's Address, Work Phone

In case of emergency, the staff of St. Ray's will attempt to contact the parent(s) first. In case the parent(s) cannot be reached, please indicate two other people who may be notified.

Name, Phone, Relationship

Name, Phone, Relationship

Authorized Pick-Up: In addition to the emergency contacts, the following persons are authorized to pick-up my child/children:

Name/Relation, Name/Relation

Name/Relation, Name/Relation

Do NOT allow my child/ren to be picked up by:

Signature of Parent/Legal Guardian

Date