

**St. Charles Early Childhood Emergency Contact Information
2020-21 School Year**

In the event of an emergency it is very important that we have accurate information for each student. Please PRINT the following information. Include area code on phone numbers and write "NA" on any information that does not apply to your child. Should any information change during the school year, please notify the school office.

STUDENT NAME: _____ HOME PHONE: _____ DATE OF BIRTH: _____ LANGUAGE SPOKEN AT HOME: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SIBLINGS ATTENDING IN DISTRICT & SCHOOL: 1. _____ 2. _____ 3. _____

PRIMARY PHONE NUMBER TO USE FOR **ALERT NOW**: _____

Alert Now is an automated phone message system used to alert parents of important school information such as school closing, etc.

STUDENT LIVES WITH: MOTHER FATHER BOTH PARENTS IN THE SAME HOUSE BOTH PARENTS SHARED CUSTODY DIFFERENT HOUSES
 GUARDIAN OR FOSTER FAMILY

WHO HAS PRIMARY CUSTODY OF THE CHILD: MOTHER FATHER SHARED CUSTODY GUARDIAN / FOSTER PARENT

LIST ANYONE WHO IS PROHIBITED FROM HAVING CONTACT WITH YOUR CHILD: _____
(The school will need legal documents pertaining to custody of the child in order to appropriately handle questions regarding dismissal or other requests.)

MOTHER'S NAME: _____ ADDRESS: _____ CITY, STATE, ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____

FATHER'S NAME: _____ ADDRESS: _____ CITY, STATE, ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____

**EMERGENCY CONTACT AND / OR OTHER AUTHORIZED TO TAKE CHILD FROM SCHOOL (OTHER THAN PARENT).
WE REQUIRE AT LEAST ONE ALTERNATIVE EMERGENCY CONTACT.**

1. NAME: _____ RELATIONSHIP TO THE CHILD: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

2. NAME: _____ RELATIONSHIP TO THE CHILD: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

