

Emergency Contact/Dismissal Form



St. Monica Catholic School
School Year: _____

Emergency Contacts

Student's Last Name (list each child)

First Name

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

- _____
- _____
- _____
- _____
- _____

Please list the Emergency Contacts, in the order you would like them to be called in the case of an emergency. For example, usually families list mom first, dad second, then 2 additional people. These should also be people that you allow to pick your kids up from school.

	Last Name	First Name	Phone (best daytime phone to reach contact)	Relationship to student
1.				
2.				
3.				
4.				

Dismissal Location/Agreement

_____ **North Lot (playground)**

_____ **East Lot (Gym)**

_____ **Extended Care**

_____ I understand that if my child(ren) is not picked up from school by 2:45pm (or 15 minutes after dismissal time) he/she will be (initial) sent to Extended Care and the fee will be charged.

Person completing this form: _____

Date _____