Child's Name:_____Grade :_____

Address:_____

Mother's Name:_____Home Phone:_____Cell Phone:_____

Mother's Employer:_____Position:_____

Employer's Address:_____WorkPhone:_____

Father's Name:_____Home Phone:_____Cell Phone:_____

Father's Employer:_____Position:_____

Employer's Address:_____Work Phone:_____

Child's Physician:_____Office Phone:_____

Address:_____

Emergency Contacts (not parents; must list two):

   1. Name:_____Relationship:_____

       Address:_____ _____Phone:_____

   2. Name:_____Relationship:_____

       Address:_____Phone:_____

Allergies:_____

_____

Health Concerns OR Changes from Previous School Year:_____

_____

I hereby authorize Providence Academy Prekindergarten, Lower, Middle and Upper School to seek emergency care for my child. 9-1-1 will be the source of emergency care utilized.

Signed:_____Date:_____