

# ST. MARY SCHOOL FAMILY INFORMATION SHEET

Child(ren)'s Name(s) \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone(s) \_\_\_\_\_

Cell Phone(s) \_\_\_\_\_

e-mail \_\_\_\_\_

\_\_\_\_\_

Emergency Contacts (please list at least 2):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical conditions (i.e., food allergies, asthma, etc.)

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_