

STUDENT LAST NAME

FIRST NAME

Emergency Contact List

All families are expected to have 3 emergency contacts on file with the Main Office to pick up your sick child within 15 minutes of a phone call from SJCA. Even if you provided this information in Registration, please complete the information below.

Priority*	Contact First Name	Contact Last Name	Contact Preferred Phone Number (xxx-xxx-xxxx)	Preferred Phone Type	Alternate Phone Number (xxx-xxx-xxxx)	Alternate Phone Type
1				<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
2				<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
3				<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

*Priority is the order in which you want SJCA to call emergency contacts when necessary. Please include parent/guardians in this list, if the parent/guardian should be called.

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For Office use only:

Data Entered

Date Entered _____

Data Entry By _____