

SAINT BONIFACE BONIFACE
CATHOLIC PRESCHOOL

SAINT BONIFACE PRESCHOOL
9363 WATTSBURGH ROAD
ERIE PA16509
825-4238 OR 722-0824

EMERGENCY CONTACT FORM

Student Name: _____

Student Address: _____

Student Home Phone: _____

Parent/Guardian Name(s): _____

Parent Home Phone: _____

Cell Phone Parent 1: _____ Work Phone Parent 1 _____

Cell Phone Parent 2: _____ Work Phone Parent 2 _____

Additional Emergency Contact

Name: _____

Phone Numbers: _____

Allergies

Please include food, drugs, or ANY other known allergies. If none, please indicate NONE

Medical Conditions

Please include any medical conditions or learning disabilities of which our instructors or medical personnel should be aware of to better care for your child. If none please indicate NONE.

I acknowledge that the information that I have provided is complete and accurate as of the date of my signature below. Should any of this information change, I am responsible for completing a new form.

Signature of Parent/Guardian

Date