



**Regina Caeli Academy**  
**EMERGENCY INFORMATION**

**FAMILY INFORMATION**

LAST NAME	TELEPHONE	EFFECTIVE DATE
HOMEADDRESS	CITY	ZIP
FATHER'S NAME	EMPLOYER	WORK HOURS
WORK ADDRESS		TELEPHONE
MOTHER'S NAME	EMPLOYER	WORK HOURS
WORK ADDRESS		TELEPHONE

**STUDENT INFORMATION**

FIRST	LAST	NAME	BIRTHDATE	GRADE	PRECAUTIONS

**EMERGENCY CARE INFORMATION: ONLY GIVE NAMES OF PERSONS NOT MENTIONED ABOVE**

NAME	RELATIONSHIP TO CHILD	TELEPHONE
ADDRESS		CITY
NAME	RELATIONSHIP TO CHILD	TELEPHONE
ADDRESS		CITY
DOCTOR'S NAME	TELEPHONE	
ADDRESS		CITY

I UNDERSTAND THAT THE ACADEMY DOES NOT ASSUME RESPONSIBILITY FOR PAYMENT OF A PHYSICIAN. HOWEVER, IN AN EMERGENCY YOU MAY CHOOSE A PHYSICIAN.

PARENT SIGNATURE	DATE
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