

Contact List

Child's Name _____

From time to time we may need to contact you during the school day (if your child becomes ill, if we need to communicate with you before dismissal, or in the case of emergency). Please list **in order of priority** who you would like us to contact in these cases. Please indicate whether the number you provide is a home number, work number, or cell number.

EXAMPLE

First Contact Name: June Wagner Relationship to child : Paternal Grandmother

First phone number: (315) 597-5555 (home)

Second phone number: (585) 222-2222 (cell)

Third phone number: (585) 555-5555 (work)

Use back if additional space is needed. We request that *at least* three contacts be provided.

First Contact Name: _____ Relationship to child: _____

First Phone Number: _____

Second Phone Number: _____

Third Phone Number: _____

Second Contact Name: _____ Relationship to child: _____

First Phone Number: _____

Second Phone Number: _____

Third Phone Number: _____

Third Contact Name: _____ Relationship to child: _____

First Phone Number: _____

Second Phone Number: _____

Third Phone Number: _____

Fourth Contact Name: _____ Relationship to child: _____

First Phone Number: _____

Second Phone Number: _____

Third Phone Number: _____

Fifth Contact Name: _____ Relationship to child: _____

First Phone Number: _____

Second Phone Number: _____

Third Phone Number: _____