

EMERGENCY INFORMATION

Family Name _____

Address _____ City _____ Zip Code _____

Home Phone _____

E-mail _____

Father's Name _____ Mother's Name _____

Business _____ Business _____

Occupation _____ Occupation _____

Work Phone (____) _____ Work Phone (____) _____

Cell Phone/Pager (____) _____ Cell Phone/Pager (____) _____

In case of an emergency when neither parent / guardian can be contacted, list the person (s) and their relationship to your child who can assist the school in your absence.

1. _____ Phone _____ Relationship _____

2. _____ Phone _____ Relationship _____

3. _____ Phone _____ Relationship _____

List all children in your family attending Christ King School and their grade for this year.

Name _____ Grade _____

_____	_____
_____	_____
_____	_____
_____	_____



CHRIST KING SCHOOL

BELONGING • GENEROSITY • INDEPENDENCE • MASTERY

2646 N. SWAN BLVD. WAUWATOSA, WI 53226 PHONE 414.258.4160 WEBSITE CHRISTKINGSCHOOL.ORG