



**CHRISTIAN ACADEMY &
LEARNING CENTER**

Emergency Contacts

It is important that we have current working numbers for the primary emergency contacts for each Student. Please list at least three (3) contacts in addition to the parents/legal guardians. We would like to have contact information on **BOTH** parents if possible. Please complete this form. Keep in mind that these additional individuals should serve as: (1) individuals we may contact regarding your child when we are unable to contact you (the parent); and/or (2) individuals we may contact that you have approved to pick up your child in emergency situations.

Student: _____ Age: _____

Parent		Relationship to Child	
Cell		Work	Home

Parent		Relationship to Child	
Cell		Work	Home

Name		Relationship to Child	
Cell		Work	Home

Name		Relationship to Child	
Cell		Work	Home

Name		Relationship to Child	
Cell		Work	Home

Name		Relationship to Child	
Cell		Work	Home