

**Saint James School Extended Day
Program Emergency Contact Form
(2020-2021)**

Child(ren)'s Name(s)

Date(s) of Birth

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Father's Name: _____	Mother's Name: _____
Street Address: _____	Street Address (if different): _____
City/State/Zip: _____	City/State/Zip: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Employed At: _____	Employed At: _____
Work Phone: _____	Work Phone: _____
PIN* (5 digit): _____	PIN* (5 digit): _____

**In order to log a student out of Extended Day, the person picking him/her up must enter a PIN – please create your own 5 digit PIN and enter it above.*

Please list any allergies or other health issues each child may have:

<u>Child's Name</u>	<u>Allergy/Other Health Issue</u>
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Please list two contact people who can be called in the event of an emergency or illness. We will contact them if we cannot reach a parent or guardian. Please let your emergency contact people know that they may be called in the event of an emergency or illness and that you have given us permission to release your child(ren) to them. Each person listed must have their own 5 digit PIN – please create a PIN for each person.

Name: _____	Telephone: _____
Relationship to student(s): _____	PIN (5 digits): _____
Name: _____	Telephone: _____
Relationship to student(s): _____	PIN (5 digits): _____

(Please complete the back of this form)

In case of an emergency or serious illness, the Saint James School Extended Day Program will attempt to contact a parent. If the parent cannot be contacted, your signature below authorizes the school to contact your child(ren)'s physician and/or to authorize the transport of your child to the nearest hospital for emergency treatment.

Child(ren)'s Physician: _____ Telephone: _____

Preferred Hospital: _____

Parent's Signature: _____ Date: _____

Please list any people, in addition to the emergency contacts, to whom we may release your children. Please create a 5 digit PIN for each person to use log your child out – each person must have their own PIN.

<u>Name</u>	<u>PIN (5 digits)</u>
_____	_____
_____	_____
_____	_____
_____	_____

I give Saint James School Extended Day Staff permission to release my child(ren) to the people listed above, in addition to my emergency contact people.

Parent's Signature: _____ Date: _____

Early Dismissal Due to Weather

In the event of an early dismissal due to weather, the Extended Day Program is also cancelled. You must pick up your child by 11:00AM. When there is an early dismissal, the announcement for "Manchester Public Schools", is made on radio stations WTIC 1080AM & WTIC 96.5FM, television stations WVIT (NBC "Channel 30") and WFSB (CBS "Channel 3"), and websites www.wtic.com, www.nbcconnecticut.com, and www.wfsb.com. If possible, you should sign up for email and/or text alerts at one of the websites listed. The school will also notify parents by email.

Please check whichever situation applies:

____ I have access to text messaging during the school day and I have signed up with one of the local television stations to receive a text alert when there is an early dismissal of the Manchester Public Schools. I **do not** need to be contacted personally in the event of an early dismissal.

____ I have access to the email account that I have provided to receive emails from Saint James School during the school day. I **do not** need to be contacted personally in the event of an early dismissal.

____ I do not have access to my text messages or email during the school day. I **do** need to be contacted personally in the event of an early dismissal. Please contact me at the following number. If I cannot be reached at that number, please contact the second person listed below:

1. _____ Phone #: _____

2. _____ Phone #: _____

If you do not need to be contacted, there is no need to fill in your name or phone numbers above.