



Student Information ~ Emergency Card

CONFIRMATION 2019-2020

Student Name: _____ **D.O.B.** _____ **Grade** _____

Address: _____ **City:** _____ **ZIP** _____

Mother/Guardian: _____

Address: _____ **City:** _____ **ZIP** _____

E-Mail Address: _____

Home Phone: _____ **Cell Phone:** _____

Father/Guardian: _____

Address: _____ **City:** _____ **ZIP** _____

E-Mail Address: _____

Home Phone: _____ **Cell Phone:** _____

Medical Concerns, Allergies, Etc. (specify precautions or medically needed response if necessary)

People (other than parent/guardian) authorized to pick up child from confirmation class:

1. _____ Relationship to child: _____

2. _____ Relationship to child: _____

Special Instructions regarding pick up of child: _____

Yes, I give my permission to publish photos. Sign here: _____