QUICK CONTACT CARD

Student's Name		
	(last)	(first)
Home phone:		
Mother's name:		
Mother's phone:		Cell #
Father's name: _		
Father's phone:		Cell #
event of an emer "forgotten" child	gency, sudden illn	please list people we could contact in the less, weather emergency, or of a nelude your child's caregiver, a neighbor, ative. (phone)
·		
	· ·	