



**OUR SAVIOUR SCHOOL
EXTENDED CARE
REGISTRATION/EMERGENCY
FORM**

FAMILY NAME: _____

Home Phone # _____

CHILD/REN NAMES:

1- _____ 2- _____

3- _____ 4- _____

5- _____

Mother's Name _____

Work # _____ **Cell#** _____

Father's Name _____

Work# _____ **Cell#** _____

In the event of a serious illness or accident and I cannot be reached, please contact the person/people listed below. I authorize them to act in my absence and pick up my children from extended care (with my notification).

Name _____

Work# _____ **Cell#** _____ **Home#** _____

Name _____

Work# _____ **Cell#** _____ **Home#** _____

In the event of serious injury and I and/or my emergency contact cannot be reached I wish for my child to be taken to the Hospital:

_____ **Yes** _____ **No**