

**FAMILY INFORMATION AND CONTACT LIST  
2007-2008**

HOME CONTACT INFORMATION			
Street Address	City, State	Zip Code	Home Phone

ADULTS CHILD LIVES WITH		
Relationship	First and Last Name	Daytime Phone

RELATIVES OR FRIENDS WHO CAN ASSUME TEMPORARY OR EMERGENCY CARE OF YOUR CHILD IN THE EVENT THAT A PARENT CANNOT BE REACHED			
First and Last Name	Daytime Phone	City	Relationship

CHILDREN IN YOUR HOUSEHOLD SCHOOL AGE OR YOUNGER (OLDEST FIRST)		
First and Last Name	Sex	Current Grade

IS THERE AN ADDITIONAL PARENTAL ADDRESS THAT DUPLICATE SCHOOL CORRESPONDENCE SHOULD BE SENT TO?		
Name	Mailing Address	Relationship

I give the Parkers Prairie Elementary school staff permission to use this contact information in order to care for and insure the safety of my child(ren).

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_