## Saint James School Extended Day Program Emergency Contact Form

<u>Child(ren)'s Na</u>	ame(s) Date	Date(s) of Birth	
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:		
Work Phone: PIN* (5 digit): *In order to log a student out of Extended I ow	PIN* (5 digit): Day, the person picking him/her up must enter a PIN – ple vn 5 digit PIN and enter it above.	ease create your	
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Work Phone: PIN* (5 digit): *In order to log a student out of Extended I ow Please list any allergies or other health issues	PIN* (5 digit): Day, the person picking him/her up must enter a PIN – ple vn 5 digit PIN and enter it above. each child may have:	ease create your	
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Work Phone: PIN* (5 digit): *In order to log a student out of Extended I ow Please list any allergies or other health issues <u>Child's Name</u> Please list two contact people who can be caller reach a parent or guardian. Please let your e emergency or illness and that you have given	PIN* (5 digit): Day, the person picking him/her up must enter a PIN – ple on 5 digit PIN and enter it above. each child may have: <u>Allergy/Other Health Issue</u> ed in the event of an emergency or illness. We will contact mergency contact people know that they may be called a us permission to release your child(ren) to them. Each	them if we canno in the event of ar	
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Saint James School • 73 Park Street • Manchester, CT 06040 • 860-643-5088

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.

Name	PIN (5 digits)

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 1:00PM. 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 <u>do not</u> 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 <u>do not</u> 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 <u>do</u> 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 <u>do not</u> need to be contacted, there is <u>no</u> need to fill in your name or phone numbers above.