

C.L.A.S.P. – for emergency file

Child's full name: _____

Child's home address: _____

Child's home phone number: _____

.....
Father's name: _____ Home Phone: _____

Father's address: _____ Cell Phone: _____

Father's occupation and place of employment: _____

_____ Work Phone: _____

Mother's name: _____ Home Phone: _____

Mother's address: _____ Cell Phone: _____

Mother's occupation and place of employment: _____

_____ Work Phone: _____

Family e-mail address: _____

.....
Persons designated to pick up your child:

1. _____
Name Home Phone Work / Cell Phone

2. _____
Name Home Phone Work / Cell Phone

3. _____
Name Home Phone Work / Cell Phone

4. _____
Name Home Phone Work / Cell Phone

In case of an impending disaster in the area, we need at least two 'out of the area' relatives or contacts, preferably out of state, if possible. Please include all phone numbers - home, work, cell, etc.

1. _____
Name Home Phone Work / Cell Phone

2. _____
Name Home Phone Work / Cell Phone

3. _____
Name Home Phone Work / Cell Phone