

# FAMILY EMERGENCY CARD 20\_\_\_\_ - 20\_\_\_\_

PLEASE PRINT IN INK OR TYPE

Family Name Only \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

FOR MAILING PURPOSES  
PLEASE CHECK ONE BOX:

☐ Mr. & Mrs.

☐ Mrs.

☐ Ms.

☐ Miss

☐ Mr.

☐ Dr. & Mrs.

☐ Dr. & Dr.

☐ Mr. & Dr.

First Name of Child Attending St. Francis Xavier  
(Oldest child First)

Date of Birth

Grade

Room

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

LAST Father's name (or legal guardian) FIRST

LAST Mother's Name (or legal guardian) FIRST

(circle) Home District: Buckeye Cloverleaf Highland Medina City (Other) \_\_\_\_\_

PLEASE FILL OUT BOTH SIDES OF THIS CARD

Family E-Mail Address \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Please list two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

1. Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

1. Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Transportation:

☐ Canavan

☐ Fenn

☐ Walker

☐ Northrop

☐ Garfield

☐ Heritage

☐ Latchkey

☐ Waite

☐ Cloverleaf

☐ Buckeye

☐ Car Rider

☐ Highland

☐ Blake

☐ Child-Care Vans

PLEASE COMPLETE BOTH SIDE OF THIS CARD