

Parish Day School and Camp Turtle Trap
Eastern Shore Chapel
Emergency Information Card

T-Shirt Size: _____

Child's Name	Date of Birth	Gender	Home Phone
Address	City	State	Zip Code
Mother's Name	Mother's Work #	Mother's Cell #	
Father's Name	Father's Work #	Father's Cell #	
Emergency Contacts: 1) 2)	Home #	Cell #	
Person(s) Authorized to Pick Up Child OTHER than Parent(s):			
Allergies / Special Needs:		Email Address:	
OFFICE USE ONLY			
Classroom: _____	Session 1 st _____	2 nd _____	3 rd _____
MWF _____	T/TH _____	M-F _____	Extended AM/PM _____