

**Faith Christian Academy  
Information/Emergency Contact Form**

Students Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ DOB \_\_\_\_\_

Allergies \_\_\_\_\_

Father's Name \_\_\_\_\_

Employer \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Name \_\_\_\_\_

Employer \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

*Emergency Contact (in case parents cannot be reached; these individuals are also authorized to pick up my child)*

Name	Relationship To Child	Contact Number(s)
1.		
2.		
3.		