

St. Martin de Porres Marianist School
530 Hempstead Boulevard
Uniondale, NY 11553
(516) 481-3303 FAX (516) 483-4138

Please provide the following emergency information. Please be as complete as possible. For your child's benefit, **ANYTIME there is a change in ANY of the information provided below, you MUST report it to the Main Office.** PLEASE PRINT CLEARLY. Thank you.

Date: _____

Child's Name _____

Grade: _____

Siblings that attend St. Martin's _____

Home Address: _____

House Number and Street Name

Apt. #

Town

Name of Mom: _____

Employer: _____ Position: _____

Name of Dad: _____

Employer: _____ Position: _____

Home Phone: _____

(Mom)

(Dad)

Work Phone: _____

(Mom)

(Dad)

Cell Phone: _____

(Mom)

(Dad)

Names and phone numbers of Emergency Contact Person(s) and those Authorized to pick up your child(ren) from in case of an illness or an emergency:

Name	Phone #	Relationship
------	---------	--------------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------