

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

Name	Phone #	Relationship