



# The Shore Center

100 Tornillo Way

Tinton Falls, NJ 07712

## EMERGENCY CONTACT INFORMATION 2018-2019

Student name \_\_\_\_\_  
Last First MI

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

(Please indicate which phone # to call 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup>)

Parent/Guardian \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

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

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

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

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

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

Email \_\_\_\_\_

Email \_\_\_\_\_

Please list additional emergency contacts who may take responsibility for/transport your child in a dismissal emergency if the school cannot contact parents/guardians. Please list names and numbers of local contacts only such as neighbors or relatives.

1<sup>st</sup> Contact name \_\_\_\_\_

2<sup>nd</sup> Contact name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

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

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

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

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

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

3<sup>rd</sup> Contact name \_\_\_\_\_

4<sup>th</sup> Contact name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

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

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

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

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

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Signature of Parent/Guardian

Date