



KLEINBURG CHRISTIAN ACADEMY

Student Information & Emergency Contacts

PARENTS INFORMATION:

Father

First Name: _____ Last Name: _____

Address (+ postal code)

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Employer: _____

Occupation: _____

Email: _____

Mother

First Name: _____ Last Name: _____

Address (+ postal code)

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Employer: _____

Occupation: _____

Email: _____

Student Information:

First Name: _____ Last Name: _____

Address: *same as father's* *same as mother's*

Birthdate: _____ month _____ day _____ year

Health Card Number: _____

Photocopy of Immunization Record Attached: Yes No

Emergency Information:

Doctor:

Doctor's Name: _____ Phone: _____

Address (+postal code)

Allergies:

Please note any allergies:

- 1). _____ Is this allergy anaphylactic? Yes No
- 2). _____ Is this allergy anaphylactic? Yes No
- 3). _____ Is this allergy anaphylactic? Yes No
- 4). _____ Is this allergy anaphylactic? Yes No

Emergency Contact (other than parents, in the event we cannot contact you):

First Name: _____ Last Name: _____

Relationship to child: _____ Home Phone: _____

Cell Phone: _____ Business Phone: _____

Email: _____

First Name: _____ Last Name: _____

Relationship to child: _____ Home Phone: _____

Cell Phone: _____ Business Phone: _____

Email: _____

First Name: _____ Last Name: _____

Relationship to child: _____ Home Phone: _____

Cell Phone: _____ Business Phone: _____

Email: _____