



Christian Life Academy

FAMILY CONTACT & PICK UP INFORMATION FORM

Family/Household Name _____ Today's date _____
 Student 1 _____ Student 2 _____
 Student 3 _____ Student 4 _____

PARENT E-MAIL

Please provide at least one active e-mail for your family which you regularly check. Our Faculty and Staff will be communicating as necessary via e-mail so please make a habit of checking your e-mail for word from CLA.

Please print clearly.

E-mail 1 _____ mother's father's both
 E-mail 2 _____ mother's father's both

FAMILY PHONE NUMBER INFORMATION

Please provide any phone number you want us to utilize for emergency/ important calls from the school. Please use the **check** box as to whose number it is. **Please print clearly.**

HOME number _____ mother's father's both
 HOME number _____ mother's father's both
 WORK number _____ mother's father's both
 WORK number _____ mother's father's both
 Work Address: _____ mother's father's both
 Work Address: _____ mother's father's both
 CELL/PAGER number* _____ mother's father's both
 CELL/PAGER number* _____ mother's father's both

*AT LEAST ONE CELL NUMBER MUST BE PROVIDED, AS WE MUST BE ABLE TO CONNECT IMMEDIATELY WITH YOU IN THE EVENT OF AN EMERGENCY.

PICK UP (other than parents) AUTHORIZATION INFORMATION

List name, phone & cell number, and relationship of person who is authorized to pick up your child from school.

Name _____ Phone/Cell _____ Relationship _____
 Name _____ Phone/Cell _____ Relationship _____
 Name _____ Phone/Cell _____ Relationship _____
 Name _____ Phone/Cell _____ Relationship _____