

**St. Mary School  
Guardian Angel Registration  
2010-11**



Child's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: home - \_\_\_\_\_ cell- \_\_\_\_\_

**Parent/ Guardian Emergency Information**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

In the event of an apparently serious accident, when I cannot be reached, I wish one of the following be notified. They are authorized to act in my absence. They may also release my child from the Guardian Angel Program.

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following may not call for my child \_\_\_\_\_

Please list ANY allergies, special instructions, or other special needs the staff needs to be aware of in the care your child.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_