



Dear Parents/Guardians,

Please complete all the information below and return to me tomorrow. It is very important that we have correct and working telephone numbers in case of an emergency.

Thank you for your cooperation.

Sincerely,
Jodi L. Falk
Executive Director

Child's Name: _____

Address: _____

Parent's/Guardian's Name: _____

Telephone Numbers:(Home or VP) _____

(Work)_____ (Cell) _____

(E-mail) _____

First Emergency Contact:

Name:_____ Relationship to Child:_____

Address:_____

Telephone Numbers:(Home) _____

(Work)_____ (Cell) _____

Second Emergency Contact:

Name:_____ Relationship to Child:_____

Address:_____

Telephone Numbers:(Home) _____

(Work)_____ (Cell) _____



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Follow us at @sfdesales

My Child's allergies: _____