

EMERGENCY CARD FOR HOLY SPIRIT CFF CLASSES (date) ___/___/___

Student Name _____

Student Name _____

Student Name _____

Parent Names _____

Address _____

Home Phone _____ Cell Phone _____

My child(ren) will be picked up by the following persons **only**:

_____ relationship _____ phone _____

_____ relationship _____ phone _____

_____ relationship _____ phone _____

For the safety of our children, your child/children will not be released to anyone other than those listed on this card. The designated pick up person on this card may be asked for proof of identification if your child's teacher or any CFF coordinator is unable to properly identify the person picking up your child.

Parent Signature _____ Date _____

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Parent Signature _____ Date _____