

Haven Christian Academy



Emergency & Pickup Listing:

STUDENT NAME: _____ Home Phone: _____

Parent's Information:

Mother: _____ Cell: _____ Work: _____

Father: _____ Cell: _____ Work: _____

Additional Contact Person(s)

Name: _____ Relationship: _____ Cell: _____ Work: _____

Name: _____ Relationship: _____ Cell: _____ Work: _____

Name: _____ Relationship: _____ Cell: _____ Work: _____

Name: _____ Relationship: _____ Cell: _____ Work: _____

Name: _____ Relationship: _____ Cell: _____ Work: _____

Parent's E-mail Address:

_____ & _____

Any Allergies or Known Illnesses:

*Please note that only those listed above will be allowed to pickup your child. If you need to add any additional people to the list, contact the HCA office.

Thanks