



Saint John School of Little Canada

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2023-2024 Eagle Club Registration and Health/Emergency Form (program runs 9/5/23 - 6/6/24)

Child's First Name: _____ Last Name: _____ Home Phone: _____

Address: Street: _____ City: _____ Zip: _____

Birth Date: _____ Age: _____ Grade in Fall: _____ Gender: _____

Mom's First Name: _____ Mom's Last Name: _____

Mom's Cell Phone: _____ Mom's Work Phone: _____

Dad's First Name: _____ Dad's Last Name: _____

Dad's Cell Phone: _____ Dad's Work Phone: _____

Emergency Contacts

1st Contact: _____
Name City, Street, State, Zip

_____ Cell Phone Work Phone Home Phone Relationship to student

2nd Contact: _____
Name City, Street, State, Zip

_____ Cell Phone Work Phone Home Phone Relationship to student

Please list anyone who **DOES** have permission to drop off/pick up your child(ren) _____

Please list anyone who **DOES NOT** permission to drop off/pick up your child(ren) _____

2023-2024 Eagle Club - Registration and Health/Emergency Form (continued)

Child's Name: _____

Health Information

Doctor Clinic: _____

Dentist Clinic: _____

Address: _____

Address: _____

Doctor Name: _____

Dentist Name: _____

Phone: _____

Phone: _____

Hospital: _____

List Any Known Allergies to Food, Bee Stings, Etc: _____

List Any Other Health Problems or Concerns That We Should Know About: _____

List Any Medication Your Child Is Taking On A Regular Basis: _____

I grant Saint John School permission to act in an emergency when a parent cannot be reached or is delayed.

Parent Signature

Date