

Please fill out this form to ensure that your child's information is correct in our database.
Please return this page to the Youth Education office at:1901 E. South Campus Dr #1169,
Salt Lake City, Utah, 84112

Student name: _____

Class(es): _____

EMERGENCY CONTACT #1

Contact name: _____

Relationship to student: _____

Address: _____

Email address: _____

Emergency Phone(s): _____

Home: _____

Work: _____

Cell: _____

EMERGENCY CONTACT # 2

Contact name: _____

Relationship to student: _____

Emergency Phone(s): _____

Home: _____

Work: _____

Cell: _____