



Chapel Field Christian Schools
Pre K – 12th
 211 Fleury Rd.
 Pine Bush, NY 12566

Phone: (845) 778-1881
 Fax: (845) 778-5841
 www.chapelfield.org
 office@chapelfield.org

2022-2023 BROWN FORM
CONTACT & EMERGENCY INFORMATION

Please be sure that the information below is accurate as it will serve as the school’s official record. We will ask you annually to verify that any changes are recorded, but ask that you do so by emailing the school at office@chapelfield.org as soon as a change is made. Furthermore, Chapel Field uses a parent alert system to send important information to families and students via email, text, and voice calls. The contact information you provide will be used for this system. *Please note that if you are completing this document electronically, your typed name constitutes a signature.

STUDENT & FAMILY INFORMATION

STUDENT NAME: _____ DOB: ____/____/____ SEX: _____ GRADE: _____
 RACE: _____ ETHNICITY: _____
 HOME STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 HOME PHONE: _____ STUDENT RESIDES WITH: _____
 STUDENT’S CELL PHONE: _____ STUDENT’S EMAIL: _____
 PUBLIC SCHOOL DISTRICT: _____

FATHER’S NAME: _____ (please mark relationship below)
 FATHER STEP-FATHER FOSTER FATHER OTHER – specify: _____
 HOME STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 OCCUPATION: _____ PLACE OF EMPLOYMENT: _____
 CELL PHONE: _____ WORK PHONE: _____ HOME PHONE: _____
 EMAIL ADDRESS: _____

MOTHER’S NAME: _____ (please mark relationship below)
 MOTHER STEP-MOTHER FOSTER MOTHER OTHER – specify: _____
 HOME STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 OCCUPATION: _____ PLACE OF EMPLOYMENT: _____
 CELL PHONE: _____ WORK PHONE: _____ HOME PHONE: _____
 EMAIL ADDRESS: _____

PRIMARY CONTACT (to be reached first in case of emergency, behavior, or academic concern)
 MOTHER FATHER OTHER – specify: _____

IS THERE A LEGAL CUSTODY ARRANGEMENT REGARDING THIS STUDENT? YES* NO

*If yes, the parent MUST also provide a copy of the court ordered agreement.

*If there is any additional information/arrangement you would like the school to be aware of, please attach.

STUDENT NAME: _____

EMERGENCY CONTACTS (May NOT be the parents listed above & must be over 21 years of age)

*Emergency contacts will be contacted in case of emergency when both parents listed above are unreachable.

*Please notify these individuals that you have selected them as emergency contacts.

NAME: _____

PHONE: _____

RELATIONSHIP: _____

CELL HOME WORK

NAME: _____

PHONE: _____

RELATIONSHIP: _____

CELL HOME WORK

MEDICAL INFORMATION AND AUTHORIZATION

I/We, as legal guardians, authorize proper medical personnel to provide emergency medical care deemed necessary for my child _____ in the event that I/we cannot be contacted.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____

ALLERGIES: (please include type of reaction)

FOOD: _____ MEDICATION: _____

INSECTS: _____ OTHER: _____

PHYSICIAN: _____ PHONE NUMBER: _____

STATEMENT OF RELEASE/PERMISSION

I understand that my child may be photographed by the school throughout the year and that those photos may be used in the school yearbooks, social media pages, and/or promotional materials. If the school intends to use an image of my child for promotional purposes in such a manner that identifies him/her by name, I will be contacted for permission. If I have any special requests or objections, I understand that I must submit them in writing to the office.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

DRIVER AUTHORIZATION

MY STUDENT: _____

- MAY MAY NOT RIDE WITH ANY CHAPEL FIELD STUDENT DRIVERS.
- MAY MAY NOT RIDE WITH CHAPEL FIELD PARENTS OR FACULTY MEMBERS.
- MAY MAY NOT RIDE ON CHAPEL FIELD TRANSPORTATION OR CHARTERED BUSES.
- MAY MAY NOT PARTICIPATE IN FIELD TRIPS WITHIN SCHOOL HOURS.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____