Community Christian School Directory

Please complete this form and return to the school office. We ask all parents to complete this in the event we need to reach you for early school dismissal, school closure, etc. Please help us by supplying us with contact information for your student. A copy of this page will be provided to your child's teacher. Please sign the bottom and return the completed form to the office.

Thank you for your help!

CCS Staff

Contact Information:

Parents' Names (Mom): _____

(Dad): _____

Student(s) Name(s) & Grade: _____

_____

_____

_____

Home and/or Mailing Address: _____

_____

_____

Email Address(es): _____

_____

Cell Phone: _____ **Cell Phone:** _____

Home Phone: _____

Emergency Phone # (best # to call in case of emergency, power outages, snow days, evacuation, etc.): _____

Signature(s): _____ _____

Print Name: _____ _____