

School Cast – Day Care

Rapid Alert & Notification System

Please Print Legibly or Type all Information

Child Info:

Child's Name: _____ Grade: _____
Last First Middle Initial

Parent/Guardian Info:

Name: _____ Parent/Guardian (circle)

Name: _____ Parent/Guardian (circle)

Please list the numbers you want School Cast to call when needed:

Only 4 numbers can be called including Emergency Only and E-Mail

Please put a check mark by Text if you will accept text messages. Voice calls are predominately done. Please only list the main 4 numbers you want notified.

Father's Home Phone: _____ Father's Cell Phone: _____ Text _____

Mother's Home Phone: _____ Mother's Cell Phone: _____ Text _____

Father's Work Phone: _____ Mother's Work Phone: _____

If you do not want messages by e-mail do not put an e-mail address down.

Email #1: _____

Email #2: _____

Any additional number that would need to be contacted: For emergencies only

Name: _____ Relationship _____

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Home: _____ () Work: _____ () Cell: _____ Text _____

Please call or stop at the front office of GCA to make changes.
205-631-9465 x 0