Torah Day School of Ottawa

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Email: office@torahday.ca
Website: www.torahday.ca

Parent Contact Information Form

Mother's Name:_____

Mother's Address:_____

Mother's Home Phone:_____

Mother's Cell Phone:_____

Mother's Email:_____

May we text you if necessary? Yes No

Father's Name:_____

Father's Address:_____
(if different than mother's)

Father's Home Phone:_____
(if different than mother's)

Father's Cell Phone:_____

Father's Email:_____

May we text you if necessary? Yes No

Non-Parent Emergency Contact Information:

Name: Phone

Relationship to Child:

May we text this person if necessary? ____Yes _____No