Manhattan Star Academy

A member of the YAI network.

Manhattan Star Academy Family Profile
Emergency Information

Our goal is to provide quality services to you and your child, and to be able to offer appropriate assistance in the event of an emergency. We ask that you please complete this form so that we will have this information on hand. Thank you for being a partner in our efforts to maintain MSA as a center of excellence.

Child's Name: _____, _____,_____
Last Name First Name Middle Name

Date of Birth: ____/____/____

Parent/Family (Primary): _____,_____,_____
Foster Parent/ Guardian Last Name First Name Middle Name

Home Address: _____Apartment #:_____

City: _____State: _____ Zip Code: _____

Telephone: _____ Fax Number: _____

Cell Number: _____ Email Address: _____

Employer's Name: _____

Employer's Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Position/Title:

Parent/Family (Primary): _____,_____,_____
Foster Parent/ Guardian Last Name First Name Middle Name

Home Address: _____Apartment #:_____

City: _____State: _____ Zip Code: _____

Telephone: _____ Fax Number: _____

Cell Number: _____ Email Address: _____

Employer's Name: _____

Employer's Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Position/Title: