



AFTER SCHOOL CHILD CARE INFORMATION FORM

One form must be filled out for each child enrolled in the After School Child Care Program.

CHILD'S NAME _____ SEX _____

SCHOOL GRADE _____ AGE _____ DATE OF BIRTH _____

PARENT(S) OR GUARDIAN WITH WHOM CHILD LIVES:

NAME _____

ADDRESS _____ HOME PHONE _____

NAME OF EMPLOYER _____ WORK PHONE _____

NAME _____

ADDRESS _____ HOME PHONE _____

NAME OF EMPLOYER _____ WORK PHONE _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD:

1. Name _____ Relationship to Child _____ Phone # _____

2. Name _____ Relationship to Child _____ Phone # _____

3. Name _____ Relationship to Child _____ Phone # _____

CHILDREN WILL NOT BE RELEASED TO ANY PERSON NOT ON THIS LIST UNLESS WE HAVE BEEN NOTIFIED BY A PARENT IN WRITING. IDENTIFICATION MUST BE PRESENTED AT PICK UP. THIS IS FOR YOUR CHILD'S SAFETY.

EMERGENCY NUMBERS:

1. Name _____ Relationship to Child _____ Phone # _____

2. Name _____ Relationship to Child _____ Phone # _____

(Signature of Parent/Guardian)

(Date)