

## BEFORE & AFTER SCHOOL CHILD CARE INFORMATION FORM

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

CHILD'S NAME			SEX
SCHOOL GRADE AG	E D	ATE OF BIRTH	[
PARENT(S) OR GUARDIAN WITH WHOM CHILD LIVES:			
NAME		EMAIL	
ADDRESS		HOME PHONE	3
NAME OF EMPLOYER		_WORK PHONI	E
NAME		EMAIL	
ADDRESS		HOME PHONE	Ξ
NAME OF EMPLOYER		WORK PHONI	E
PERSONS AUTHORIZED TO PICK UP YOUR CHILD:			
1. Name	Relationship to Ch	nild	Phone #
2. Name	Relationship to Ch	nild	Phone #
3. Name	Relationship to Cl	nild	Phone #
CHILDREN WILL <u>NOT</u> 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 C	hild	Phone #
2. Name	Relationship to C	hild	Phone #
(Signature of Parent/Guardian)		( <u></u>	Date)