

BEFORE/AFTER CARE APPLICATION

Child(ren)'s Name _____

Address _____
(Street) (City) (Zip)

Parent's Names _____

Home Phone _____ Work Phone _____

Cellular Phone _____ Beeper Number _____

Emergency Contact Person(s)

1. Name _____ Phone _____ Cellular _____

Relationship to Child: _____

2. Name _____ Phone _____ Cellular _____

Relationship to Child: _____

Persons authorized to sign the child out from the program and provide transportation:

1. Name _____

2. Name _____

3. Name _____

Person responsible for Before/After Care Fees: _____

List any medical conditions which may need attention during After Care hours _____

In the event of an emergency and none of the persons listed on the form are available, I authorize the school to take my child to a hospital for emergency care.

Parent's Signature
