

STUDENT(S) INFORMATION

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

PARENT/GUARDIAN INFORMATION

Father: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Guardian: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Student lives with (check all that apply)  Mother  Father  Guardian

EMERGENCY CONTACTS

In the event the parents/guardians cannot be reached, the school will call the people listed below. People listed should be individuals who can: 1) give permission to administer health care; 2) pick up your child if he/she is ill; 3) give advice about caring for your child.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

HEALTH INFORMATION

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medication(s) : \_\_\_\_\_ Physical conditions (allergies, etc.): \_\_\_\_\_

In case of serious accident or illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to contact one of the adults listed above whom I have designated to notify in an emergency. In the event that the emergency contacts cannot be reached, the school may make whatever arrangements are necessary to provide care and treatment for my child. When necessary, and in the event that I or any of the emergency contacts cannot be reached, school personnel have my permission to request transport of my child to the nearest emergency room. Under such circumstances, school personnel have my permission to release the information on this form to emergency personnel. I understand and agree that I will be responsible for any emergency medical services fees.

In case of accident or illness where, in the best judgment of school personnel, emergency treatment of my child is not needed, but when he/she is unable to remain at school, I request the school to contact me to pick up my child. If the school is unable to contact me, I understand that one of the adults listed above whom I have designated to notify in an emergency will be contacted. I understand that it is my responsibility to notify the after school program of any changes in the information recorded on this form and to provide the program with information if there are any custody restrictions involving my child.

All students are expected to use the seven caring habits and will be dismissed from the program if they are unable to use the habits consistently. It is expected that all students be picked up daily by 6:00 PM and there will be a one dollar per minute after 6:00 PM late fee assessed. Repeated late pick-ups will result in removal from the program. The deadline for payment (\$45 for the first child and \$40 for each additional sibling) for the coming week is the Friday prior to the week by 6:00 PM. Failure to make payment results in a disruption of childcare and requires an additional \$25 registration fee to re-enter the program. There are no refunds for illness, absenteeism, or vacations.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date