

BEFORE AND AFTER SCHOOL CARE



INFORMATION SHEET



CHILD'S NAME: _____ TEACHER: _____

ADDRESS: _____

DATE OF BIRTH: _____ PHONE: _____

FATHER: _____ MOTHER: _____

DAD'S EMPLOYER: _____ MOM'S EMPLOYER: _____

DAD'S WORK#: _____ MOM'S WORK#: _____

DOES YOUR CHILD HAVE ANY FEARS? WHAT? _____

ALLERGIES: _____

IS YOUR CHILD TAKING MEDICATION? _____ WHAT? _____

SIBLINGS NAMES AND AGES: _____

PHYSICIAN'S NAME: _____ PHONE#: _____

INSURANCE CO.: _____ POLICY #: _____

EMERGENCY CONTACT: _____ PHONE#: _____

EMERGENCY CONTACT: _____ PHONE#: _____

If you cannot be reached in the event of an emergency and your child needs medical attention, we will contact one of the persons listed as emergency contact first after trying to reach the parents. If unsuccessful, we will contact your physician at your expense.

AUTHORIZATION TO PICK UP CHILD

FATHER _____ Yes _____ No
MOTHER _____ Yes _____ No

Other people authorized to pick up:

NAME: _____ PHONE #: _____

NAME: _____ PHONE #: _____

NAME: _____ PHONE #: _____