

DO NOT RELEASE MY CHILD TO THE FOLLOWING PEOPLE:

Name Relationship to Child

Name Relationship to Child

EMERGENCY CONTACTS

Please identify two persons who may be called between 3:00pm and 6:30pm if you are not available.

First Name Last Name First Name Last Name

Relationship to Student Relationship to Student

Home Phone Home Phone

Work Phone Work Phone

Other Phone Other Phone

Street Address Street Address

City State Zip City State Zip

INFORMATION ABOUT CHILD

What are your child's interests? _____

Are there any particular areas on which you would like the program to focus (i.e. math, social skills, health awareness)?

PARENT/GUARDIAN SIGNATURE

I give my child permission to participate in the afterschool program.

Parent/Guardian Signature Date