

# Before and After Care Application

2022-2023

Student's Name: \_\_\_\_\_

Grade for 2022/2023: \_\_\_\_\_

Days Attending **Morning Care**: M T W TH F

Days Attending **After Care**: M T W TH F

Medical Concerns/Allergies: \_\_\_\_\_

\_\_\_\_\_

Mother's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Additional individuals that have permission to pick up your child:

(ID will be checked. Must be at least 18 years old)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(OVER)->