

## 2023-2024 AFTER SCHOOL INFORMATION FORM - AGES 6 & UP

Child's Name	Date of Birth	Age
1.	Date Of BITTI	Age Age
2.		
3.		
4.		
5.		
6.		
ADDRESS STREET:	CITY:	ZIP:
ADDRESS STREET.	CIT.	ZIF.
PARENT/GUARDIAN NAME(S)	PHONE NUMBER(S) Both work & cell	
1.		
2.		
EMERGENCY CONTACTS – Please print clearly		
CONTACT NAME	CONTACT PHONE NUMBER(S)	
1.		
2.		
MEDICAL COMPITON O	<u> </u>	
MEDICAL CONDITON O	R ALLERGIES – Please Prir	<mark>nt clearly</mark>
NAME		nt clearly DITION/ ALLERGY
		<u> </u>
NAME		<u> </u>
NAME 1.		<u> </u>
NAME 1. 2.	CONE	<u> </u>
NAME  1.  2.  3.  Is anyone allowed to pick up your children? If yes, please properties to pick up my child/children	cond print clearly below; OR	DITION/ ALLERGY
NAME  1. 2. 3. Is anyone allowed to pick up your children? If yes, please posses anyone list who is Authorized to pick up my child/children  1.	cond print clearly below; OR	CHECK: No one allowed
NAME  1.  2.  3.  Is anyone allowed to pick up your children? If yes, please properties to pick up my child/children	cond print clearly below; OR	CHECK: No one allowed
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NAME  1. 2. 3. Is anyone allowed to pick up your children? If yes, please per please list who is Authorized to pick up my child/children  1. 2. CHILDREN UNDER 12 NEED TO BE PICKED UP BY 5:00 UP. IT IS A VERY BUSY PLACE/PARKING LOT AND IT IS	CONE  print clearly below; OR  PH  PM AND CANNOT LEAV	CHECK: No one allowed
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NAME  1.  2.  3.  Is anyone allowed to pick up your children? If yes, please processed in the process of the pr	PM AND CANNOT LEAVE THE PARENTS/GUARD DING. Initial:  ptograph/ video activities.  graph/ video my children listed in to photograph/ video my children listed in to photograph/ video my children at this facility.	CHECK: No one allowed  HONE NUMBER  /E THE BUILDING UNTIL PICKED IANS RESPONSIBILITY TO LET  or myself. dren listed or myself.  ny volunteers from liability for any

