

After School Program Emergency Contacts

Please complete and return to the school as soon as possible even if you are only going to use the program on occasion.

Name of Child/Children _____

Parents of Child/Children _____

Address _____

Home Phone _____

Mother's cell # _____ Mother's work # _____

Father's cell # _____ Father's work # _____

List those people authorized to pick up your child/children:

Name _____ Phone # _____

Name _____ Phone # _____

In case of emergency and parents cannot be reached, please contact:

Name _____ Phone # _____

Name _____ Phone # _____