

AFTERSCHOOL INFORMATION FORM

Childs Name: _____ Home Phone #: _____

Childs Address: _____

Mothers Name: _____ Work Phone #: _____

Address: _____ Home Phone #: _____

Fathers Name: _____ Work Phone #: _____

Address: _____ Home Phone #: _____

Local Emergency Contacts:

Name: _____ Relation: _____

Work Phone #: _____ Home Phone #: _____

Name: _____ Relation: _____

Work Phone #: _____ Home Phone #: _____

List names & phone numbers of people authorized to pick up your child:

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

Name: _____ Telephone #: _____

List any Allergies: _____

Bringing Medication?

Yes or No, If yes additional form must be completed before the start of the Program.

Special Needs? Yes or No If Yes, please send information before start of Program.

Medical & Insurance Information for Emergency Purposes:

Health Insurance Carrier: _____ Policy Number: _____

Primary Care Physician's Name: _____

Physician's Address: _____ Phone #: _____

What school does your child attend? Please check box.

Wood ☐

East Fairhaven ☐

Signature of Parent/Guardian: _____