

Student Information Sheet 2024 - 2025 After School Care

Child's Name: \_\_\_\_\_ (M or F) (Circle one)  
Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade 2024-2025 School Year \_\_\_\_\_  
Parent's names \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email \_\_\_\_\_  
Mother's Employer \_\_\_\_\_ Father's Employer \_\_\_\_\_  
Employer's Address \_\_\_\_\_ Employer's Address \_\_\_\_\_  
Employer Phone Number \_\_\_\_\_ Employer Phone Number \_\_\_\_\_  
Mother's Cell Number \_\_\_\_\_ Father's Cell Number \_\_\_\_\_

Child lives with (circle all that applies): Mother, Father, Stepmother, Stepfather,  
Grandparent(s), Guardian, Brother, Sister, Other: \_\_\_\_\_

Are you active in a church, synagogue, mosque, or temple? Please name \_\_\_\_\_

**Emergency Contact (Other than Parents)**

1) \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

2) \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**Others Authorized to Pick-up Your Child:**

1) \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_

2) \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone Number \_\_\_\_\_

**Allergies or Medical Concerns or conditions:** \_\_\_\_\_

**Medication (list all) Dosage Frequency**


Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*\* ALL FIELDS MUST BE FILLED OUT COMPLETELY FOR FORM TO BE ACCEPTED \*\*\*\***