

Student Information Sheet 2022 - 2023 After School Care

Child's Name: _____ (M or F) (Circle one)
Birthdate _____ Age _____ Grade 2022-2023 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 _____
2) _____ Address _____ Phone _____

Others Authorized to Pick-up Your Child:
1) _____ Phone _____ Address _____
2) _____ Phone _____ Address _____
Pediatrician: _____ Phone Number _____

Allergies or Medical Concerns or conditions: _____

Medication (list all) Dosage Frequency

Parent Signature _____ Date _____

****** ALL FIELDS MUST BE FILLED OUT COMPLETELY******