

AFTER-SCHOOL CARE

2011-2012

Name of student: _____

Grade: _____ **Homeroom teacher:** _____

Home address: _____

City: _____ **Zip code:** _____ **Home phone:** _____

Mother's Name: _____

Father's Name: _____

Mother's work number: _____

Father's work number: _____

Mother's cell number: _____

Father's cell number: _____

Additional number: _____

Additional number: _____

Mother's e-mail address: _____

Father's e-mail address: _____

Allergies/Conditions/Medical conditions:

Please list names of all persons authorized to pick up the student:

Please list names of all persons not authorized to pick up the student:
