

St. Paul's Before and After School Care Program

Child's Name: _____ Birthdate: _____

Home Address: _____ Phone: _____

Mother's Name: _____ Occupation: _____

Business: _____ Phone: _____

Father's Name: _____ Occupation: _____

Business: _____ Phone: _____

Marital Status: _____ Custody of Child: _____

*if you are divorced/separated, please indicate below if both parents are allowed to pick up child.

Allergies: _____

WHOM MAY WE CALL IN EMERGENCY IF PARENTS CANNOT BE REACHED?

Name: _____ Relationship: _____

Address: _____ Phone: _____

Business: _____ Phone: _____

THE FOLLOWING PEOPLE HAVE PERMISSION TO PICK UP MY CHILD FROM THE AFTER CARE PROGRAM: (use back if needed)

Name & Address	Relationship	Phone
----------------	--------------	-------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*parents will be contacted if someone other than who is on this list comes to pick up their child (include parents names if you are divorced/separated)