

**Student Information: 2020 – 2021**

Student's Last Name	First	Grade	Date of Birth	Allergies	List any medication taken on a regular basis
1.					
2.					
3.					
4.					

Student's Address	City	Zip	Home Phone

Email address of individual responsible for weekly payment: \_\_\_\_\_

Mother's Last Name	First	Work Phone	Cell Phone	Home Phone	4 Digit ID Code

Father's Last Name	First	Work Phone	Cell Phone	Home Phone	4 Digit ID Code

Child Resides With:                      Both Parents       Mother                       Father

**Please list anyone who has your permission to pick up your child/children from after care:**

Last Name	First	Work Phone	Cell Phone	Home Phone	4 Digit ID Code
1.					
2.					
3.					
4.					

Will your child attend aftercare?                      Daily \_\_\_\_\_                      Sometimes \_\_\_\_\_