



Child Information--Before/After Care

_____ Date Completed

_____ Child's Name

_____ Gender

_____ Grade Level

_____ Street Address

_____ City

_____ Zip Code

_____ Parent/Guardian Name (adult whom child lives with)

_____ Phone

_____ Alternate Phone

_____ Place of Employment

_____ Business Phone

_____ Email

_____ Parent/Guardian Name (adult whom child lives with)

_____ Phone

_____ Alternate Phone

_____ Place of Employment

_____ Business Phone

_____ Email

Emergency Contacts

List individuals to notify, in case of emergency, when the parent/guardian cannot be reached.
List in order of preference.

Name of Emergency Contact	Phone

The following people also have permission to pick up my child.

Name of Person Who Can Pickup Child	Phone

Health Record

_____	_____	_____
Child's Physician or Clinic	Phone	Alternate Phone
_____	_____	_____
Street Address	City	Zip Code

I understand that a signed parent/guardian permission is obtained prior to administration of any medication to any child.

Does your child have any specific needs involving routine care, behavior modification, communication, or eating? When yes, describe.

Does your child have any known allergies? When yes, list.

Does the known allergy require special precautions, actions, or medications? When yes, describe.

Describe any special precautions for diet, medication, or activity, when applicable.

Are there any other special considerations that would assist this program in providing care to your child? When yes, describe.

Transportation

- I give permission for my child to be transported by this program under the following circumstances:
- When a medical emergency occurs with my child, and I cannot be reached.
 - When an emergency occurs with the program. (e.g., gas leak in neighborhood, fire, etc.)
- I do not give permission to transport my child.

I understand this form is for the convenience of the child care program and me to assist with care of my child. Program policies are provided to parents/guardians upon enrollment and when revisions are made.

_____	_____
Parent/Guardian Signature	Date