



# CHILD INFORMATION FORM

\*Please complete form for each child in the family.

Child's Last Name		Child's First name		MI	Sex	DOB
Grade (2024-2025 year)		Living Arrangement: <input type="checkbox"/> lives with both parents, <input type="checkbox"/> lives with mother, <input type="checkbox"/> lives with father, <input type="checkbox"/> lives with guardian				
Address					Home Phone	
City	State	Zip	Family Email Address			

## Parent/Guardian Information

Please indicate the order in which to make contact in case of emergency, illness or other unforeseen circumstance by circling 1,2,3 or 4 for the name as well as phone numbers to be called. When choosing the order, please keep in mind each person's accessibility, as well as that calls will occur between 3:30 pm and 6:00 pm.

Father's Name	1 2 3 4	Home Phone	1 2 3	Cell Phone	1 2 3	Place of Employment	Work Phone	1 2 3
Mother's Name	1 2 3 4	Home Phone	1 2 3	Cell Phone	1 2 3	Place of Employment	Work Phone	1 2 3
Guardian's Name	1 2 3 4	Home Phone	1 2 3	Cell Phone	1 2 3	Place of Employment	Work Phone	1 2 3
Guardian's Name	1 2 3 4	Home Phone	1 2 3	Cell Phone	1 2 3	Place of Employment	Work Phone	1 2 3

## Emergency Contacts

Please list emergency contacts in the order in which they should be contacted in case of an emergency. Also indicate in which order to use the phone numbers listed for each emergency contact by circling 1,2, or 3.

Name	Home Phone	1 2 3	Cell Phone	1 2 3	Work Phone	1 2 3	Relationship to Child
Name	Home Phone	1 2 3	Cell Phone	1 2 3	Work Phone	1 2 3	Relationship to Child

## Authorized Pick-Ups

The people listed below will be the ONLY people allowed to pick-up the child noted above in addition to the parents and guardians listed above. Photograph Identification is required upon pick-up.

Name	Relationship to Child	Phone Number
1.		
2.		
3.		

## Health Information

Child's Physician	Clinic Name	Phone Number
Special Health Conditions, Medications, or Allergies	Hospital Preference: <input type="checkbox"/> Aurora, <input type="checkbox"/> Bellin, <input type="checkbox"/> St. Mary's, <input type="checkbox"/> St. Vincent	

## Attendance

Please check the day(s) your child will regularly attend each program.

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School (7:00 - 9:00 am)					
After School (3:30 - 5:30 pm)					

I have read and understand the contents of the Before & After School Program Parent Handbook. I also understand the fee and payment structure and agree to pay for my child's participation in the programs in a timely manner.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_