

Bay Head School After Care Program Enrollment and Emergency Information

Child's Name: _____ Grade: _____

Medical information the after care staff should know:

Child's Name: _____ Grade: _____

Medical information the after care staff should know:

Child's Name: _____ Grade: _____

Medical information the after care staff should know:

Home phone # _____ Cell# _____

Work phone# _____ Alt# _____

List **ALL** individuals that you authorize to pick up your child/children. Please remember to add the names of those who may pick up your child for a play date! Staff **will not** release children to anyone whom you have not authorized.

Name: _____ phone# _____

Name: _____ phone# _____

Name: _____ phone# _____

Name: _____ phone# _____

Name: _____ phone# _____

Name: _____ phone# _____

Please use back of this page for additional authorized pick-up people. Thank you.

By signing below, you understand and are accepting all terms of After Care Enrollment.

SIGNATURE DATE

I DO give permission for my child to watch PG rated movies

I DO NOT give permission for my child to watch PG rated movies