

COUNTY LINE ELEMENTARY

Information Form

☐

Before School Only

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After School Only

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Before and After School

1. **Child's Name** _____ **Teacher** _____

2. **Child's Name** _____ **Teacher** _____

3. **Child's Name** _____ **Teacher** _____

Custodial Parent(s) Name(s) _____

Address _____ **Home Phone** _____

Mother's Workplace _____ **Cell#** _____

Father's Workplace _____ **Cell#** _____

Emergency Information:

In case of an emergency, list relatives or friends in the order you wish them to be called if we can not reach you.
(Please list at least 3 people.)

1. **Name** _____ **Phone#** _____

2. **Name** _____ **Phone#** _____

3. **Name** _____ **Phone#** _____

4. **Name** _____ **Phone#** _____

Please list below any other people who have your authorization to pick up your child. Without prior notice from you, the people listed above and below are the only ones we will release your child to.

Medical Information:

Please list any medical problems or allergies. (If more than one child is in the program, list each child's name.)

I have read and understand the County Line Elementary Before/After School student handbook. _____

SIGNATURE OF PERSON COMPLETING THIS FORM

DATE