

**After School Child Care Program
Information Sheet**

Child(ren)'s Name(s) _____

Mother's Name _____

Mother's Work Number _____ Mother's Cell Number _____

Father's Name _____

Father's Work Number _____ Father's Cell Number _____

Emergency Contact Information (other than parents):

Name _____

Relationship _____

Home Number _____ Work Number _____

Cell Number _____

Medical Information:

Hospital Preference _____

Insurance Company _____

Policy Number _____

Please mark the days that your student will be attending the ASCC program

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Persons Authorized For Pickup (other than those listed above):

1. _____

2. _____

3. _____

4. _____

5. _____