

**EMERGENCY INFORMATION  
AFTER SCHOOL PROGRAM**

Student's Name: -----

Date of Birth: -----

Age: -----

Address: -----  
-----

Home Phone: -----

Mother's Name: -----

Place of Employment: -----

City: -----

Work Phone: -----

Home Phone: -----

Cell Phone: -----

Father's Name: -----

Place of Employment: -----

City: -----

Work Phone: -----

Home Phone: -----

Cell Phone: -----



Three (3) local emergency contacts that can pick up your child from After School Program and/or be notified of an emergency in the event parents can not be reached.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_