

Family Name: _____

Child's Name: _____

Grade: _____

Child's Name: _____

Grade: _____

Child's Name: _____

Grade: _____

Child's Name: _____

Grade: _____

Primary Contact(s):

Name: _____

Phone Number: (H) _____ (W) _____ (C) _____

Name: _____

Phone Number: (H) _____ (W) _____ (C) _____

Emergency Contact:

Name: _____ Relationship: _____

Phone Number: (H) _____ (W) _____ (C) _____

Name: _____ Relationship: _____

Phone Number: (H) _____ (W) _____ (C) _____

Known medical concerns/allergies :

The following people have my permission to pick up the listed child(ren) above from St. Paul Aftercare:

Parent Signature: _____

Date: _____