

BSC EMERGENCY INFORMATION

Student Name _____

Please indicate consistency in days of attendance:

Select the days of the week your child will attend based on your number of days:

M ___ T ___ W ___ Th ___ F ___ Will Vary _____

PARENT/GUARDIAN INFORMATION:

Mother/Guardian Name: _____ email: _____

Cell#: _____ /Work#: _____ /Home# _____

Father/Guardian Name: _____ email: _____

Cell#: _____ /Work#: _____ Home# _____

Name & Address of Parent Responsible for Payment:

AUTHORIZED EMERGENCY CONTACTS:

Name: _____ Phone Number: _____ Relationship _____

Name: _____ Phone Number: _____ Relationship _____

Name: _____ Phone Number: _____ Relationship _____

MEDICAL INFORMATION:

Doctor's Name: _____ Phone Number: _____

Allergies: _____

Special Needs: _____

PLAYGROUND AUTHORIZATION:

My child (_____) has permission to leave the Supervision of the Before Care Program to play outside when the playground Supervisors are present.

Parent Signature and Date

Return completed forms to the Before School Program personnel, email to ksilber@dist113.org, or place them in the BSC mailbox in the Kipling lobby. 1st Payments are due at registration, Second Half Payments where applicable are due by January 13th.

Receipts for tax purposes are available upon request email ksilber@dist113.org