

## ABC After School Care Program Application

## Parents/Guardians

Mother		
Home Phone	Work Phone	Cell Phone
Home Address		
Employer's Name		Normal Work Hours
Father		
Home Phone	Work Phone	Cell Phone
Home Address		
Employer's Name		Normal Work Hours
	Parent E-Mail Addresse	9S
Child(ren)'s name(s)	Nickname	Date of Birth
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Additional Information: In case of emergency, if neither parent (guardian) can be noti	ified, whom shall we contact:
Name:	Phone:
Relationship:	=
Name:	Phone:
Relationship:	
Persons permitted to pick up child(ren) from center:	
Persons not permitted to pick up child(ren) from center:	
Please list <b>ANY</b> information that will help us provide for your (any allergies-food, medication, etc.)	child while at the center:
I have received and read the BCSS ABC Handbook.	(Parent Initials)
Signature of parents/guardians:	
	Date:

 $<sup>^{\</sup>star}$  Please have plans made for days there is no ABC because of weather  $^{\star}$