



# ABC

## After School Care Program

### Application

#### Parents/Guardians

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#### Mother

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Home Phone

Work Phone

Cell Phone

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Home Address

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Employer's Name

Normal Work Hours

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#### Father

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Home Phone

Work Phone

Cell Phone

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Home Address

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Employer's Name

Normal Work Hours

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#### Parent E-Mail Addresses

**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 notified, whom shall we contact:

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

Relationship: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Persons permitted to pick up child(ren) from center:

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Persons **not permitted** to pick up child(ren) from center:

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Please list **ANY** information that will help us provide for your child while at the center:  
(any allergies-food, medication, etc.)

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I have received and read the BCSS ABC Handbook. \_\_\_\_\_ (Parent Initials)

Signature of parents/guardians:

\_\_\_\_\_ Date: \_\_\_\_\_

\* Please have plans made for days there is no ABC because of weather \*