



# ABC

## After School Care Program

### Application

#### Parents/Guardians

---

**Mother** E-Mail Address

---

Home Phone Work Phone Cell Phone

---

Home Address

---

Employer's Name Normal Work Hours

---

**Father** E-Mail Address

---

Home Phone Work Phone Cell Phone

---

Home Address

---

Employer's Name Normal Work Hours

Child(ren)'s name(s)	Nickname	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Days and hours of attendance: \_\_\_\_\_

**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:

---

---

---

---

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

---

---

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

---

---

---

Signature of parents/guardians:

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

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