

Spring 2020 Enrichment Emergency Contact Form

Student's Name: _____

Grade/Teacher: _____

Parent's Name: _____

Telephone: Home: _____ Cell: _____

Email Address: _____
(Required)

Course Name _____

Enrichment Dismissal:

My child will: _____ be picked up by _____
_____ walk home on his/her own.
_____ go to After Care Program.

My child has the following allergies: _____

Alternate Emergency Contact Name: _____

Alternate Emergency Contact Telephone Number: _____