

Holy Family Extended Care Contact Information

Child First Name _____ Last _____

Grade _____ Morning _____ Afternoon _____

PARENT(S) or GUARDIAN(S)

Names: _____ Home Phone: _____

Mother's Cell # _____ Work # _____

Father's Cell # _____ Work # _____

DEPARTURE PROCEDURE: Child must be picked up by an authorized person (ID may be requested). In addition to the parents of the child, please list at least two additional authorized persons. These additional people must be in the **LOCAL** area of the school.

Name	Phone	Relationship
1.		
2.		

EMERGENCY MEDICAL INFORMATION

Doctor's Name: _____ Phone #: _____

Emergency Contacts: Please give the name and phone number of two *local* people that may be notified in case of emergency or illness when parent and /or guardian are not available. Please also give a telephone number where these people may be reached during program hours.

Name	Phone	Relationship
1.		
2.		

Emergency Medical Release: If emergency medical care is deemed necessary and I cannot be reached, I authorize the Child Care Program Staff to act on my behalf in granting my child to receive emergency treatment.

Parent/Guardian Signature: _____

HEALTH PROFILE

Child's Name	Allergies (Specify)	Medications	Medical Conditions	Comments



In the event of an emergency, and need to contact
aftercare for any reason (3pm-5:45pm)
please call

1-917-239-9701

This number is only to be used during these hours.
A gentle reminder that aftercare ends at 5:45 sharp!