



**2024-2025 AFTER-CARE PROGRAM**

**Child Information Form**

*Please complete ONE per child you are registering*

Child's Name \_\_\_\_\_ Nick Name \_\_\_\_\_ Age \_\_\_\_\_

Child's Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: F/M Food/Medication Allergies \_\_\_\_\_

Physicians Name and Phone \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Homeroom Number \_\_\_\_\_ Grade \_\_\_\_\_

List siblings that also attend OLV \_\_\_\_\_

Is there anything else we should know about to ensure the safety and well-being of your child?  
(Medical conditions, likes, dislikes, etc.) \_\_\_\_\_

Please list ALL people authorized to pick up your child (including yourself, child's parents, etc.) Use the back of this form if necessary.

Name	Phone Number	Relationship
1.		
2.		
3.		
4.		
5.		

Please list people who ARE NOT AUTHORIZED to pick up your child (including child's parent, etc. if court order, etc.)

1.		
2.		

**Emergency Contact Information**

Mother's/Guardian's Name \_\_\_\_\_

Cell Number \_\_\_\_\_

Workplace \_\_\_\_\_ Work number \_\_\_\_\_

Email \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_

Cell Number \_\_\_\_\_

Workplace \_\_\_\_\_ Work number \_\_\_\_\_

Email \_\_\_\_\_

In the unlikely event we cannot reach you in an emergency, please provide the names and phone numbers of 2 additional people you authorize us to contact. We will continue to make all reasonable attempts to reach you.

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Cell number \_\_\_\_\_

Other phone number \_\_\_\_\_

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_ Cell number \_\_\_\_\_

Other phone number \_\_\_\_\_

**Emergency Treatment Authorization**

In case of an emergency, I authorize Emergency Medical Services (911) to treat, and, if necessary, to transport my child to the nearest hospital emergency room for treatment.

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date

