



2022-2023 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

