



I.C.S. AFTER SCHOOL PROGRAM 2017 – 2018
INFORMATION SHEET

Child's Name: _____ **Grade:** _____

Address: _____

Parent's Name: _____ **Home Phone:** _____

Cell Phone: Mother: _____ **Father:** _____

Mother's Business Phone: _____

Business Address: _____

Father's Business Phone: _____

Business Address: _____

Emergency Contact: If I am unavailable please notify the following:

Name: _____ **Phone:** _____

Relationship to Child: _____ **Phone#2:** _____

Child's Doctor/Clinic: _____ **Phone:** _____

Pick-Up: Please list all those authorized to pick up your child from the After School Program.

Name: _____ **Phone:** _____

Does your child have your permission to leave the After School on his/her own? Yes__No__

I request that my child participate in the I.C.S. After School Program and I agree to follow the policies and procedures of this program.

Parent/Guardian Signature: _____ **Date:** _____

Please notify the After School Program immediately if there is any change in the above information.