After School Academic Program

Student Information:

Last Name: _______________________ First Name: ________________________ Grade: _________

Parent/Guardian Information:

Name of Parent/Legal Guardian 1: _______________________________________________________
Relationship to Student: ___ Mother ___ Father ___ Legal Guardian
Home Phone: _______________________________ Cell Phone: _____________________________
Work Phone: ___________________________ Email Address: ________________________________

Name of Parent/Legal Guardian 2: _______________________________________________________
Relationship to Student: ___ Mother ___ Father ___ Legal Guardian
Home Phone: _______________________________ Cell Phone: _____________________________
Work Phone: ___________________________ Email Address: ________________________________

Authorized Pick Up:

The people named below have my consent to pick up my child from the After School Program.

Name of Authorized Pickup: ______________________________________________________________
Relationship to Student: ________________________ Phone Number:____________________________

Name of Authorized Pickup: ______________________________________________________________
Relationship to Student: ________________________ Phone Number:____________________________

Name of Authorized Pickup: ______________________________________________________________
Relationship to Student: ________________________ Phone Number:____________________________

Parent Signature: _____________________________________________ Date: ________________