

SCLS BEFORE CARE and AFTER CARE PROGRAM 2021 - 2022

If Parent and Student are in agreement with the Before and After School Program as outlined in the handbook, please print and sign your name below and complete the needed information for our files.

PLEASE COMPLETE:

- PLACE A CHECK MARK IN THE PROGRAMS and BILLING TO BE UTILIZED.

Name of Students in Program	Grade level	Before Care	Daily Charge \$5.00	Monthly Charge \$80.00	Aftercare Program	Daily Charge \$15.00	Monthly Charge \$200.00

Parent/Guardian Name (please Print)

Parent/Guardian Signature

Date

Parent/Guardian Name (please Print)

Parent/Guardian Signature

Date

BEST Phone Number(s) to contact Parent/Guardian between 3:30 and 5:00 pm:

Name

Phone Number

Name

Phone Number

Name

Phone Number

EMERGENCY contact/pick up if Parent/Guardian is not reached:

Name _____	Relation to Student _____	Phone Number _____
Name _____	Relation to Student _____	Phone Number _____
Name _____	Relation to Student _____	Phone Number _____
Name _____	Relation to Student _____	Phone Number _____

Medical Information - Please complete form on opposite side

Medical Information:

Does your child have any health conditions? No _____ Yes _____

If yes, then please check and explain: Asthma ___ Diabetes ___ Deafness ___ Wears Glasses ___
Blood Disorder ___ Convulsive Seizures ___ Arthritis ___ Kidney/Bladder ___ ADHD ___
Heart ___ Bee Sting Allergy ___ Seasonal Allergies ___ Dietary Restrictions ___
Food Allergies ___ Other ___ (Please list) _____

Does your child require daily medication? No ___ Yes ___

Does your child have an epi-pen or inhaler? No ___ Yes ___

Physical Handicap (Describe) _____

Hospital Preference if necessary in an emergency _____