

DELANCO SCHOOLS EXTENDED CARE PROGRAM
EMERGENCY CARD

Starting Date _____ Monthly Fee _____

BEFORE M _____ T _____ W _____ TH _____ F _____

AFTER M _____ T _____ W _____ TH _____ F _____

DROP IN _____

CHILD'S NAME _____ GENDER _____

CHILD'S SCHOOL _____ GRADE _____

CHILD'S ADDRESS _____ CITY _____ ZIP _____

HOME PHONE# _____ BIRTH DATE _____ AGE _____

FATHER'S NAME _____ HOME PHONE # _____

ADDRESS _____ CELL PHONE # _____

EMPLOYER _____ WORK PHONE# _____

FATHER'S E-MAIL ADDRESS _____

MOTHER'S NAME _____ HOME PHONE # _____

ADDRESS _____ CELL PHONE # _____

EMPLOYER _____ WORK PHONE# _____

MOTHER'S E-MAIL ADDRESS _____

PERSON RESPONSIBLE FOR PAYMENT _____

People authorized to pick up this child or contact in case of emergency.

NAME _____ RELATIONSHIP _____ PHONE# _____

NAME _____ RELATIONSHIP _____ PHONE# _____

NAME _____ RELATIONSHIP _____ PHONE# _____

CHILD'S INFORMATION

- If divorced or separated who does child live with? _____
- Does non-custodial parent have the right to visit or transport child to and from center? _____
- My child is in good health and can participate in the normal activities of the program? _____
- Is there anything we should know about child's health history or behavior? _____

- Child's special interest: Arts & Crafts, Sports, Music, Reading, Drama and Other _____
- Is the child allergic to any medications or food? Specify _____
- Is the child on any prescribed medications? Specify _____

Doctor's Name _____ Phone # _____

Insurance Company _____ Policy # _____