

Eagles Before and After Care Program Registration Form 2023-2024

Child's Name: _____ Date of birth: _____ Grade: _____

Guardian 1: _____ Guardian 2: _____

Address: _____ Address: _____

Cell Phone: _____ Cell Phone: _____

Other Phone: _____ Other Phone: _____

In the event of an emergency or illness, the following persons may be notified if I am unable to be reached. They also have permission to release my child(ren) from Aftercare.

Name: _____	Cell: _____	Other: _____
Name: _____	Cell: _____	Other: _____
Name: _____	Cell: _____	Other: _____
Name: _____	Cell: _____	Other: _____

Medical Contacts, In Case of Emergency

Physician: _____	Phone: _____
Dentist: _____	Phone: _____
Other: _____	Phone: _____

Sign Grant Permission to Provide First Aid & Transportation to Emergency Care Facilities:

Signature of Authorized Family Member/Guardian _____ Date: _____

Child's Health Information

Child's Medical/Health Needs: _____
Child's Allergies/Treatments: _____
Child's Dietary Needs/Restrictions: _____
Child's Medication(s): *A Medication Form Must Be Completed For **Each** Medication Administered While in Program:* _____