

**CFYCD Afterschool Program  
 EMERGENCY CONTACT INFORMATION**

**CHILD'S INFORMATION**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
 School: \_\_\_\_\_ Teacher: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

**CAREGIVER INFORMATION**

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**ADDITIONAL EMERGENCY CONTACTS**

Please list other two persons that we may contact and that have permission to pick up your child in the case parents/guardians are not available. These contacts should be available during program hours.

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Phone(s): \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Phone(s): \_\_\_\_\_

**SPECIAL REQUIREMENTS**

Please list any known allergies or medical conditions/concerns: \_\_\_\_\_  
 Please list any disabilities or special needs: \_\_\_\_\_

**TRANSPORTATION FOR AFTERSCHOOL PROGRAM**

- **Pick-up begins ½ hour prior to the close of the program.** Late pick-ups may result in removal from the program. You will need to sign your child out with CFYCD staff, and may need to provide I.D.
- My child is permitted to walk home from the program (*select one*):  YES  NO
- If you need to make different transportation arrangements for your child for any given day, please send a signed and dated note to be given to the CFYCD staff.

**TRANSPORTATION FOR THE SUMMER PROGRAM**

- **Pick-up sites to camp will be centrally located. Please arrive 15 minutes prior to departure time you are given.**
- Drop-off will be at the same site your child is picked up. **Please be sure to arrive 15 minutes early in case the bus arrives early.** Lateness may result in removal from the program. You will need to sign your child out with CFYCD staff, and may need to provide I.D.
- My child is permitted to walk home from the central drop off site upon return from Camp (*select one*):  YES  NO

**Any other information that the CFYCD Program Coordinator should know:**

\_\_\_\_\_  
 \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_