

Expanded Learning School Program

Emergency Information

Student's Name _____ Birthdate: _____ School: _____

Student's Name _____ Birthdate: _____ School: _____

Student's Name _____ Birthdate: _____ School: _____

Student's Name _____ Birthdate: _____ School: _____

Parent/Guardian _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ Zip: _____

I authorize the following **Adults to pick up my child (in addition to the Parent/Guardia):**

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

The following are **NOT authorized to pick up my child:**

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Does your child need any special accommodations? No Yes please explain thoroughly:
