

Anderson **AFTER SCHOOL**

Data Sheet

Child's Name _____

Date _____ Social Security Number _____

Date of Birth _____ Age _____ Fall Grade Level _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Email _____

Mother's Name _____

Mother's Daytime Phone _____ Cell Phone _____

Mother's Address (if different) _____

Mother's Place of Employment _____

Father's Name _____

Father's Daytime Phone _____ Cell Phone _____

Father's Address (if different) _____

Father's Place of Employment _____

Child lives with _____ Both Parents _____ Mother _____ Father _____ Other

If Other, Relationship to Child _____ are you a legal guardian?

Yes _____ NO _____

EMERGENCY CONTACTS

Emergency contacts are persons you authorize us to release your child to without special arrangements.

Name _____ Phone _____

Relationship _____ Address _____

Name _____ Phone _____

Relationship _____ Address _____

Additional names can be listed on back