

Family Name \_\_\_\_\_

School Year \_\_\_\_\_



**Extended Day Program  
Emergency Form**

\_\_\_\_\_ ; \_\_\_\_\_  
*Child's Name*                      *Grade / Room*                      *Child's Name*                      *Grade / Room*

\_\_\_\_\_ *Child's Name*                      *Grade / Room*

\_\_\_\_\_ *Mother's Name*                      \_\_\_\_\_ *Father's Name*

\_\_\_\_\_ *Home Address*                      \_\_\_\_\_ *City / State / Zip Code*                      \_\_\_\_\_ *Home Phone Number*

**Parents'/Guardians' Emergency Contact Information:**

\_\_\_\_\_ *Mother's Cell Phone*                      \_\_\_\_\_ *Mother's Email Address*

\_\_\_\_\_ *Father's Cell Phone*                      \_\_\_\_\_ *Father's Email Address*

The following people may be contacted in the case of an emergency and/or may pick up my child:

\_\_\_\_\_ *Name of Contact*                      \_\_\_\_\_ *Contact's Phone*

\_\_\_\_\_ *Name of Contact*                      \_\_\_\_\_ *Contact's Phone*

**Special Instructions**

Any Allergies? \_\_\_\_\_

Any Chronic Illness? \_\_\_\_\_

Any additional information for the Extended Day Moderators: \_\_\_\_\_

\_\_\_\_\_