

**Baldwin County Schools  
Midway Hills Primary  
After-School Program  
2020-2021**

**Pick up 5:30 PM - \$35.00**

**Start Date: August 31, 2020**

Student 's Name \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ Home Phone \_\_\_\_\_

School Name: \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Male/Female \_\_\_\_\_

1). Mother: \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone \_\_\_\_\_

Employment: \_\_\_\_\_ Work Phone \_\_\_\_\_

2). Father: \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone \_\_\_\_\_

Employment: \_\_\_\_\_ WorkPhone \_\_\_\_\_

3) Legal Guardian (if different from parent) \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone \_\_\_\_\_

Employment: \_\_\_\_\_ Work Phone \_\_\_\_\_

**Emergency Contacts/Permission for Pick up list:**

1). Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2). Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

3). Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

4).Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Release:** I, \_\_\_\_\_, hereby give my consent for emergency medical or dental treatment of the child listed above by any licensed physician or dentist while under the care of the Baldwin County Schools- After School Program, and for transportation of the child to and from the source of emergency treatment.

Date signed: \_\_\_\_\_

List any medications, medical conditions or allergies: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

If you have any questions, contact your child's school

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