

Baldwin County Schools

After-School Program

Option I Pick up 4:00 PM – \$25.00

Option II Pick up 5:30 PM - \$35.00

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