Baldwin County Schools
After-School Program
2020-20210
Option I Pick up 4:00 PM – $25.00
Option II Pick up 5:30 PM - $35.00

Start Date: Monday, August 24, 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.