



2:15PM – 3:15PM

Child's Name: _____ Grade _____

Parent(s) Name: _____

Address: _____

E-mail: _____

Cell#: _____

Any Allergies? _____

If yes, EpiPen? _____

Emergency Contact Name: _____

Home: _____ Cell: _____

Permission for pickup

Name: _____

Name: _____

Phone: _____

Phone: _____

Please check which days your child will attend:

Monday

Tuesday

Wednesday

Thursday