

UNIVERSITY SCHOOL OF JACKSON
After School Care Program
2010-2011

Student Information:

Student's Name: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone Number: _____
Grade Level: _____ Teacher: _____
How many days a week will your child need care?
5 days ___ 4 days ___ 3 days ___ 2 days ___ 1 day ___

Family Information:

Parent\Guardian: _____
Mother's Work Number: _____ Cell Number: _____
Father's Work Number: _____ Cell Number: _____
E-Mail Address: _____

Emergency Information:

1. Emergency Contact: _____ Relationship: _____
Phone Number: _____
2. Emergency Contact: _____ Relationship: _____
Phone Number: _____
Family Physician: _____ Phone Number: _____
List Health Problems: _____

Authorized Escorts:

- | | |
|----------------|---------------------|
| 1. Name: _____ | Relationship: _____ |
| 2. Name: _____ | Relationship: _____ |
| 3. Name: _____ | Relationship: _____ |
| 4. Name: _____ | Relationship: _____ |
| 5. Name: _____ | Relationship: _____ |

Release/Permission Clause:

I/We the undersigned parent(s) guardian(s) of the above student enrolled in the After School Program at University School Of Jackson do hereby release and discharge the school and its authorized representatives and staff from any and all liability of any kind and character upon claim, demand, or cause of action which might be asserted in behalf of said minor against school, representatives, or staff. Furthermore, in the event of accident, if the said staff or representatives are unable to contact the parent or guardian I/we hereby grant permission to said staff or representatives to administer necessary first aid and/or to take the student to the nearest medical facility for additional treatment.

Parent\Guardian Signature

Date