

BLS AFTERCARE

STUDENT INFORMATION SHEET

Student Name: _____

Address: _____

Birthday: _____

Parent/Guardian Information

Parent/Guardian #1: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email Address: _____

Parent/Guardian #2: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email Address: _____

Student lives with: _____

Custody Restrictions? (circle) YES NO

If yes, a copy of court documentation is required to be on file with the aftercare program. Please provide a copy when returning this form.

Emergency Contacts

These adults are permitted to pick my child up from aftercare and will also serve as emergency contacts in the case the primary parent/guardian cannot be reached.

Contact #1: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email Address: _____

Contact #2: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email Address: _____

Contact #3: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email Address: _____

Contact #4: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email Address: _____