STUDENT’S NAME (s): ________________________________________________________________

Name of Parent(s) or Guardian(s): ____________________________________________________

Please list up to three people, other than the parent/guardian(s), who are 1) a good alternate contact in case of emergency, and 2) authorized to pick your child(ren) up from camp.

1.) Name: _______________________________ Relationship to Student(s): _____________
   ☐ Home Phone: _________________________ ☐ Work Phone(s): _________________________
   ☐ Cell Phone(s): _________________________ ☐ Email Address(es): _______________________

2.) Name: _______________________________ Relationship to Student(s): _____________
   ☐ Home Phone: _________________________ ☐ Work Phone(s): _________________________
   ☐ Cell Phone(s): _________________________ ☐ Email Address(es): _______________________

3.) Name: _______________________________ Relationship to Student(s): _____________
   ☐ Home Phone: _________________________ ☐ Work Phone(s): _________________________
   ☐ Cell Phone(s): _________________________ ☐ Email Address(es): _______________________

The following individuals are NOT authorized to pick up my child(ren) from After School:

________________________________________________________________________________

Signature______________________________________________

Printed Name__________________________________________  Date________________________