St. Theodore School
After School Care Program
2008-2009

I hereby givepermission for mychild(ren) toparticipate in the St. Theodore School's After School Care Program.

Child's Name:_____ Grade:_____

Child's Name:_____ Grade:_____

Child's Name:_____ Grade:_____

Parent's Name:_____ Date:_____

Home Phone: (____)_____ Work Phone: (____)_____

Cell Phone: (____)_____

Alternate Responsible Person:_____Phone:_____ _____

_____Phone:_____

My child does ____ does not____ have food allergies.

Please list food allergies or other medical issues that the staffmay need to meaware of.

In theevent ofan emergency and neither I nor analternate responsible person canbe reached. I hereby give the Before/After School Care Personnel permission to contact 911 and havemy son/daughter taken to _____ ____ hospital.

Physician'sName:_____Phone:_____

Parent's Signature:_____

*****PLEASE MARK THE FOLLOWING*** AM: _____** 1 – 3 **days/week**

_____4 – 5 **days/week PM: _____** 1 – 3 **days/week _____**4 – 5 **days/week**

_____ Early Release Days ONLY _____ONLY when NO bus service