

**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