

Magic Apple Afterschool, Inc. Emergency Information Form

CHILD LAST: _____ FIRST _____.

MOTHER LAST: _____ FIRST _____.

ADDRESS: _____.

PHONE: _____ CELL _____ EMAIL _____.

WORK: _____ PHONE _____ EXT. _____ OCCUPATION _____.

FATHER LAST: _____ FIRST _____.

ADDRESS: _____.

PHONE: _____ CELL _____ EMAIL _____.

WORK: _____ PHONE _____ EXT. _____ OCCUPATION _____.

PERSON(S) RESPONSIBLE FOR STUDENT _____.

CUSTODY ARRANGEMENTS: _____.

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM MAGIC APPLE

Name _____ Relationship _____.

Phone _____ *please attach separate sheet for additional names*

Name _____ Relationship _____.

Phone _____ *please attach separate sheet for additional names*

NAMES OF PERSONS TO CALL AS BACK-UP (PARENT HAS NOT ARRIVED TO PICK UP STUDENT(S) AT END OF DAY, ILLNESS, ETC.

Name _____ Relationship _____.

Phone _____ *please attach separate sheet for additional names*

Name _____ Relationship _____.

Phone _____ *please attach separate sheet for additional names*

Student Allergies _____.