

# CARES FAMILY INFORMATION

FAMILY NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Name(s) of Person(s) designated by parent to whom child may be released:

Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Name: \_\_\_\_\_ Cell # \_\_\_\_\_

**EMERGENCY CONTACTS:** *In the event of illness or accident, and I cannot be reached, I wish one of the following to be notified by telephone. They are authorized to act in my absence and may release my child from the center, if necessary.*

Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Name: \_\_\_\_\_ Cell # \_\_\_\_\_

*If one of these contacts cannot be reached, I wish for my child to be taken to the nearest hospital Emergency Room. \_\_\_\_\_ YES \_\_\_\_\_ NO*

***Parent:*** *My signature below confirms I agree to the terms and conditions set forth in this agreement and agree to abide by the policies/procedures as set forth in the Extended Day Handbook. Failure to comply may result in removal from our program(s). I agree to update the emergency contact/parental consent form information whenever a change occurs.*

**Parent Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Director Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

[CARES@mtcschool.org](mailto:CARES@mtcschool.org)

**Emergency number: 610-265-9720**