



Out of School Child Care Agreement

Child's Full Name:

Mother's Name:

Mother's Address: same as child's

Mother's Cell Number:

Child's birthdate:

Child's Full Address:

Father's Name:

Father's Address: same as child's

Father's Cell Number:

Immunizations

Current: YES or NO (Circle one)

Allergies

Medical Conditions

Emergency Contact Information

Emergency Contact:

Address:

Phone Number:

Program of Interest:

Out of School Care -----

Brain Busters -----

Guardian Signature