

**Virtual Wednesdays Childcare
Student Information**

Student's Name: _____

Student's Address: _____

Student's Date of Birth: _____

Student's Grade/Teacher: _____

Custodial Parents/Guardians: _____

Home Phone: _____ Work Phone: _____

Emergency contacts and/or people authorized to pick up student from KAP

Students will not be released to anyone not listed on this form.

You must have at least three emergency contacts listed

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____

Medical Information

Please list special health conditions of the student (such as allergies, asthma, etc)

In the event of an emergency, do you authorize responsible school authorities to send your child (properly accompanied) to an available hospital, and do you accept the fees involved (including ambulance service) if you or the emergency contacts cannot be reached?

Yes _____ No _____

Parent/Guardian Signature _____ Date _____