



Spanish Schoolhouse After School Program

Child Information

Last Name: _____ First Name: _____ Gender: M F
Address: _____ City: _____ Zip: _____
Birth Date: _____ Age: _____

Parent Information

Parent 1 Name: _____ Phone: _____
Address: _____
Parent 2 Name: _____ Phone: _____
Address: _____

Emergency Contact

Name: _____ Phone: _____
Address: _____

Release of Child

In addition to the parents listed on this form, I authorize Spanish Schoolhouse to allow my child, _____, to leave the facility with the following people only:

Name: _____ Phone: _____ Relationship to Child: _____
Name: _____ Phone: _____ Relationship to Child: _____
Name: _____ Phone: _____ Relationship to Child: _____

Authorization for Emergency Medical Attention

In the unlikely event of a medical emergency, I give consent for Spanish Schoolhouse to secure any and all necessary emergency medical care for my child.

Signature of Parent or Legal Guardian: _____ Date: _____

After School Fall/Spring (circle one) Year _____