Town of Allegany

Afterschool Program

Child's Name				·····
Address				
Street and Number		City	State	Zip
Phone Number		Email address		
Birth Date	Age	Grade	_ Teacher_	
	Parei	nt Contact Information	I	
Name		Phone Number		Address (if different)

Emergency contact (other than parents)

Name of persons who may pick up this child from the Town of Allegany afterschool program.

Name	Phone Number	Relationship

Allergies/Medical conditions or other concerns _____

Does your child have an Epi-pen _____Yes _____No

Is there anything you would like us to know about your child?

Parent's Signature

Date_____