

**Stone Scholastic Academy**  
**Aftercare Program**  
**Emergency Contact Information**

Child's Name: \_\_\_\_\_

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

Home Address (number, street, ZIP): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian name: \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please indicate any allergies, other health concerns, or fears of which you would like us to know:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list names and numbers of those other than parents/legal guardians allowed to pick up your child from Aftercare:

*The below individuals have my permission to pick up my child/children from Aftercare:*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_