



STUDENT INFORMATION

Student's Name: _____ Male/Female: _____

Date of Birth: Month _____ Day _____ Year _____ Grade: _____

Student's Street Address: _____, Ocean City, NJ 08226

Does your child qualify for free or reduced lunch services? Yes _____ No _____

Select days attending based upon need:

MON TUES WED THURS FRI

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1

Name _____ Relation to Student _____

Cell Phone _____ Home Phone _____ Work Phone _____

Address _____ Email _____

Employer _____

Parent/Guardian 2

Name _____ Relation to Student _____

Cell Phone _____ Home Phone _____ Work Phone _____

Address _____ Email _____

Employer _____

***Please tear off and give to your child's school office**

My child _____ will be attending the Son Club After School Program on

(Please Circle) Mondays Tuesdays Wednesdays Thursdays Fridays.

Parent Signature _____ Phone Number _____



EMERGENCY CONTACTS

Emergency Contact Name _____ Relation _____ Phone Number _____

Emergency Contact Name _____ Relation _____ Phone Number _____

FOOD ALLERGIES /CHRONIC MEDICAL CONDITIONS (please list)

WALK-HOME OR PICK-UP INFORMATION (please check one)

_____ My child (print child's name) _____ is NOT permitted to walk home.
I understand the program lasts until 5:30 pm and all students must leave by 5:30pm. I will pick up my child or I permit the following people to pick up my child:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

OR

_____ I permit my child (print child's name) _____ to walk home from the Son Club Afterschool program **unsupervised** by Tabernacle Staff or Volunteers. I understand the program lasts until 5:30pm and all students must leave by 5:30 pm.

PARENT/GUARDIAN NAME (Please print) _____

SIGNATURE _____ **DATE:** _____