

Critical Skills After School Program  
Student Information

SCHOOL: Burch Elementary

GRADE \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

If not at home, where can parent be reached?

FATHER: \_\_\_\_\_ PHONE NUMBER:

\_\_\_\_\_

MOTHER: \_\_\_\_\_ PHONE NUMBER:

\_\_\_\_\_

If you cannot be reached, please list the names of 2 persons (relatives, neighbors, etc.) who will assure temporary care of your child until you are available.

PERSON: \_\_\_\_\_ PHONE NUMBER:

\_\_\_\_\_

PERSON: \_\_\_\_\_ PHONE NUMBER:

\_\_\_\_\_

\_\_\_\_\_  
PARENT'S SIGNATURE