*Davisville Public School: After Four Programs*

**EMERGENCY INFO FORM**

**This form WILL NOT grant you registration into the After School Programs!!**

**Participant’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant's Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teacher & Room Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child attend the Davisville Childcare: YES ( ) NO ( )**

***EMERGENCY CONTACT INFORMATION:*** *Please provide TWO emergency contacts.*

|  |  |
| --- | --- |
| **Contact Name:** | **Contact Name:** |
| **Home Phone:** | **Home Phone #:** |
| **Alternate Phone:** | **Alternate Phone #:**  |
| **Home Address:** | **Home Address:** |
| **E-Mail:** | **E-Mail:** |

**Allergies:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant’s OHIP NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pick-Up Time & Location:** *All students should be picked up at 4:30pm at their program location. If your child attends daycare, program staff will drop off your child at daycare at the end of the program.*

|  |
| --- |
| **Is/Are your child(ren) permitted to leave the program on their own?** **YES** ( ) **NO** ( ) |

**My child is permitted to be picked up by the following individuals**

|  |  |  |
| --- | --- | --- |
| **Name** | **Telephone Number** | **Relationship** |
|  |  |  |
|  |  |  |
|  |  |  |

***\*\*\* PLEASE NOTE: You MUST notify the Community Centre office (416 392-0747) of any pick up changes. Program staff will not release your child(ren) to anyone who is not listed above!\*\*\****