



2023 UCS Summer Aftercare

Section 1 - Student & Family Information

Please Circle Grade Level Below:

Pre-K K 1st 2nd 3rd 4th 5th 6th 7th 8th

Child's Name _____

Date of Birth _____

Family/Guardian Name _____

Cell Phone _____ Call Order _____

Family Street Address _____

Home Phone _____ Call Order _____

City _____ State _____ Zip _____

Other Phone _____ Call Order _____

Alternate Family Information:

Family/Guardian Name _____

Cell Phone _____ Call Order _____

Family Street Address _____

Home Phone _____ Call Order _____

City _____ State _____ Zip _____

Other Phone _____ Call Order _____

Section 2 - Authorization for Emergencies

List Three Emergency Contacts Authorized to Take Child from the Program:

Name _____	Name _____	Name _____
Cell _____	Cell _____	Cell _____
Home _____	Home _____	Home _____
Other _____	Other _____	Other _____

List Medical Contacts in Case of Emergency:

Physician _____	Phone _____
Dentist _____	Phone _____
Other _____	Phone _____

Sign Grant Permission To Provide First Aid & Transportation To Emergency Care Facilities:

Signature of Authorized Family Member/Guardian _____

Date _____

Section 3 - Child's Health Information

Child's Medical Health Needs:

Child's Allergies/Treatment:

Child's Dietary Needs/Restrictions: