

2018-2019 JCC After School Program Emergency Card

(Please print all information)

Start Date \_\_\_\_\_

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

Child's Address \_\_\_\_\_

City/Town \_\_\_\_\_ Zip \_\_\_\_\_

Parents/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Phone: Mother \_\_\_\_\_ Father \_\_\_\_\_

Cell Phone: Mother \_\_\_\_\_ Father \_\_\_\_\_

E-Mail: \_\_\_\_\_

Which parent/guardian shall we call first? \_\_\_\_\_

Please list 2 people to be called in an emergency if parents cannot be reached:

<u>Name</u>	<u>Phone</u>	<u>Relationship</u>
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\_\_\_\_\_

Any special allergies or restrictions: \_\_\_\_\_

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