



2024 UCS Summer Aftercare

Section 1 - Student & Family Information

Please Circle Grade Level Below,

Month Requesting

JUNE

JULY

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: