

**PRINCE OF PEACE LUTHERAN SCHOOL  
2014 - 2015  
AFTER SCHOOL CARE CONTRACT**

Name of children coming to After School Care:

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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Name of Mother/Guardian	Cell phone#	Work phone#
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Name of Father/Guardian	Cell phone#	Work phone#
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Persons authorized to pick up child(ren): \_\_\_\_\_  
\_\_\_\_\_

Persons **NOT** authorized to pick up child(ren): \_\_\_\_\_  
\_\_\_\_\_

Office use only: (ROF): \_\_\_\_\_

**IF POSSIBLE, PLEASE INDICATE THE DAYS THAT AFTER SCHOOL CARE WILL MOST LIKELY BE USED:**

M\_\_\_\_\_ T\_\_\_\_\_ W\_\_\_\_\_ TH\_\_\_\_\_ F\_\_\_\_\_

**EMERGENCY INFORMATION**

Emergency Contact Persons: \_\_\_\_\_ Phone# \_\_\_\_\_  
\_\_\_\_\_ Phone# \_\_\_\_\_

Describe any health concerns and/or allergies:  
\_\_\_\_\_

Doctor: \_\_\_\_\_ Phone# \_\_\_\_\_

Dentist \_\_\_\_\_ Phone# \_\_\_\_\_

Hospital Preference/Emergency Care \_\_\_\_\_

**In case of serious illness and I/we cannot be contacted, I/we hereby authorize the above listed health care professionals to be contacted and to provide necessary treatment. The POP Staff may call the doctor/dentist and/or ambulance if necessary. The undersigned requests admission to After School Care for the above child(ren) and hereby agrees to its payment, policies & procedures.**

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Signature of Parent or Legal Guardian

Date