## AFTER THE BELL 2024-2025





| General Inforr               | nation:                  |   |
|------------------------------|--------------------------|---|
| Child's Name:                |                          | Gender:   |
| Address:                     |                          | City/Zip:   |
| Birthdate:                   |                          | Grade for '24-'25:                                  |
| Parent/Guardi                | an Information           |   |
| Are both parents/            | guardians author         | ized to pick up child? YES/NO                       |
| Parent/Guardian:             |                          | _ Parent/Guardian:                                  |
| Cell Phone:                  |                          | Cell Phone:   |
| Vork Phone:                  |                          | _ Work Phone:                                       |
| Email:                       |                          | Email:  |
| *Emails will be our main for | m of communication, plea | se make sure to put an email down to stay updated.  |
| Authorized Pic               | ck Up List:              |   |
|                              |                          | dren may only leave with those listed on this form. |
| Name:                        | Relationship:            | Phone Number:                                       |

## **Please See Reverse Side**



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## About Your Child:

| <ul> <li>Will our staff be required to administer medication to your child         <ul> <li>YES or NO</li> <li>If so, a Permission to Dispense Form must be completed.</li> </ul> </li> <li>Does your child have any allergies?         <ul> <li>YES or NO</li> <li>If yes, please explain.</li> </ul> </li> <li>Has your child been diagnosed with autism, ADD/ADHD or any other</li> </ul> | <ul> <li>If so, a Permission to Dispense Form must be completed.</li> <li>Does your child have any allergies?</li> <li>YES or NO</li> <li>If yes, please explain.</li> </ul> | <ul> <li>YES or NO</li> <li>If so, a Permission to Dispense Form must be completed.</li> <li>Does your child have any allergies?</li> <li>YES or NO</li> <li>If yes, please explain.</li> </ul> |                             | formation will help ensure a successful school |
|--|--|---|-----------------------------|--|
| <ul> <li>YES or NO</li> <li>If so, a Permission to Dispense Form must be completed.</li> <li>Does your child have any allergies?</li> </ul>  | <ul> <li>YES or NO</li> <li>If so, a Permission to Dispense Form must be completed.</li> <li>Does your child have any allergies?</li> </ul>                                  | <ul> <li>YES or NO</li> <li>If so, a Permission to Dispense Form must be completed.</li> <li>Does your child have any allergies?</li> </ul>   |                             | acced with puties. ADD/ADUD or provether       |
| <ul><li>YES or NO</li></ul>  | <ul><li>YES or NO</li></ul>  | • YES or NO   | <ul><li>YES or NO</li></ul> | allergies?                                     |
| ·  |  | ·   | 1 = 0 01 110                | ispense Form must be completed.                |
|  |  |   | -                           | to administer medication to your child         |

The Behavior Contract and Parent Code of Conduct forms need to be filled out before your child's first day.