

# Thayer Central After School Program Child Information Sheet



\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

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

\_\_\_\_\_  
Birthdate Age Grade

\_\_\_\_\_  
Mother's Name Work Place Phone

\_\_\_\_\_  
Father's Name Work Place Phone

## Emergency Contact (person if parent cannot be reached)

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Persons Authorized to pick up Child Phone Relationship to Child

## Allergies and Restrictions

\_\_\_\_\_  
Additional information that you deem necessary for the TCASP staff to know.

\_\_\_\_\_  
Parent or Legal Guardian Date