



LUDLOW COMMUNITY CENTER
RANDALL BOYS & GIRLS CLUB

School Age Summer Program 2020 Parent/Guardian and emergency contact information

Child's Name _____ **DOB** _____

Parent/Guardian Information It is extremely important that we have an accurate cell phone and email on file for each parent/guardian. This is how we will communicate in the event of an emergency and also how we will be communicating important information about the program, including schedules and reminders. Please be sure to read all emails from The Ludlow Boys & Girls Club.

Parent/Guardian Name: _____

Email address: _____ **Relationship to Child:** _____

Home Address: _____

Home Phone #: () _____ **Cell Phone #:** () _____

Employer's Name & Address: _____

Employer's Phone #: () _____ **Hours at Work:** _____ to _____

Parent/Guardian Name: _____

Email address: _____ **Relationship to Child:** _____

Home Address: _____

Home Phone #: () _____ **Cell Phone #:** () _____

Employer's Name & Address: _____

Employer's Phone #: () _____ **Hours at Work:** _____ to _____

Transportation Plan - Children **must** be dropped off by a parent/guardian in the morning. At that time there will be a health screening of the child and the parent must sign an attestation verifying that their child is symptom and fever free and that the child hasn't been given any fever reducing medicine. It is also strongly encouraged that the same parent/guardian drop off and pick up every day. Please have an ID ready at pick up.

My child will be dropped off in the morning by _____

My child will be picked up in the afternoon by _____

Child Pick-Up/Emergency Contact Information (other than parent listed above)

These contacts should be used for emergencies only. We ask that for the safety of our staff and children that you make every effort to limit pick up to parents/guardians and keep it consistent.

Name: _____ Relationship to Child: _____

Address: _____ Home Phone: () _____

Work Phone: () _____ Cell Phone : () _____

Name: _____ Relationship to Child: _____

Address: _____ Home Phone: () _____

Work Phone: () _____ Cell Phone : () _____

Name: _____ Relationship to Child: _____

Address: _____ Home Phone: () _____

Work Phone: () _____ Cell Phone : () _____

Children will only be released to parents/guardians and those listed above on this list

Is there a valid custody agreement or restraining order in effect regarding your child YES* or NO

*If yes, please provide The Club with a copy to put on file

I understand that my child must be dropped off by a parent/guardian in the morning and I must sign a health attestation at the time of drop off. I authorize the above individuals to pick my child up in an emergency.

Parent/Guardian Signature

____/____/____
Date

****Please note that all information is kept confidential****