

Teacher _____ Grade _____

____ YES! I understand that this is a 5-day program, beginning Monday, September 11th and regular attendance is required. (Grade K is Wed. & Fri. only)

You must contact Kimberly Yarbrough, Site Coordinator, at 812-477-5567, for attendance accommodations, prior to start date.

Child's First Name _____

Child's Last Name _____

My child will be a:

____ BUS RIDER (Preferred method)
Bus departs at 5:10 pm daily

Address _____

____ DAYCARE PARTICIPANT
(Please contact Director Te'Ayra Thomas to confirm. Must pick up promptly by 6pm)

____ WALKER
Address _____

____ CAR RIDER (Promptly by 5pm)
Your child will be assigned a CAR RIDER PASS. Pick up procedure is as follows:
1. Pull up in front of the school doors.
2. Hold up your assigned number/color pass.
3. Child will be called and released to guardian.

PRIMARY VEHICLE INFORMATION:

MAKE _____ MODEL _____
COLOR _____ LICENSE: _____
INITIALS _____ DATE _____

EMERGENCY Information (PLEASE PRINT)

First Name _____

Last Name _____

Best phone number _____

____ YES! I WANT TO VOLUNTEER!

PRIMARY Guardian Information:

First Name _____

Last Name _____

Best phone number _____

ALLERGY ALERT: ____ YES ____ NO

ASTHMA ALERT: ____ YES ____ NO

DIABETIC ALERT: ____ YES ____ NO



at CAZE ELEMENTARY SCHOOL

Please read and sign below:

I _____ give my student, _____, permission to attend the 2017-2018 after-school program at Caze Elementary School. I agree to hold Caze Elementary, and community agencies, harmless from all claims, that might come from participating in this program, unless they were caused by negligence. I understand that Caze Elementary School will NOT supply group accident insurance. I agree, and by my signature give consent, that in case of an accident, injury or illness of a serious nature, my child will be given emergency medical care. I understand that I will be contacted immediately, or as soon as possible, should I be away from the phone numbers given on this form. I also consent to necessary treatment, surgery and/or hospital care to be rendered to my child, in case of an emergency, under the general or special supervision and advice of any physician or surgeon licensed to practice medicine in the state of Indiana or the U.S.A.

Signature _____

PRINTED NAME _____
DO NOT WRITE BELOW THIS LINE

____ APPROVED ____ DENIED ____ PENDING