



SCHOOL-AGE INFORMATION

Does your child attend school? Yes No Elementary School Name: _____
Grade in School: _____

School Address: _____ School Phone: _____

School Start Time: _____ School End Time: _____

School Transportation Provided By: Elementary School Parent/Guardian St. John's ELC
 Other

Circle Days to Attend: AM MON TUES WED THU FRI

Arrival Time: _____ Departure Time: _____

PM MON TUES WED THU FRI

Arrival Time: _____ Departure Time: _____

Meals While in Care: Breakfast _____ P.M. Snack _____

Emergency contact/release

Mother/father: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Emergency Contact and Release Release Only

Mother/father: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Emergency Contact and Release Release Only