

# Afterschool Program Parent Contract

Student Name \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Contact # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Contact # \_\_\_\_\_

Allergies/Special Conditions \_\_\_\_\_

## Transportation

Please Check ALL that may apply:

\_\_\_\_\_ I will be picking my child up.

\_\_\_\_\_ My child has my permission to walk/bike home.

\_\_\_\_\_ My child drives.

\_\_\_\_\_ My child has my permission to ride home with:

1. \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_
2. \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_
3. \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

I \_\_\_\_\_ understand that personnel and volunteers associated with the Three Forks Afterschool Program will make every effort to ensure the safety of my child, \_\_\_\_\_. In case of emergency, illness, or accident to the child named above, the Three Forks Afterschool Program is authorized to seek medical attention for my child should they be unable to reach me or the emergency contact listed above.

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_