



# NORTH RALEIGH CHRISTIAN ACADEMY

**Aftercare**    2018-2019    2019-2020

**LAST NAME** \_\_\_\_\_

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**Child's Name** \_\_\_\_\_ *Date of birth* \_\_\_\_\_ *Grade* \_\_\_\_\_

List any allergies or medications: \_\_\_\_\_

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**Child's Name** \_\_\_\_\_ *Date of birth* \_\_\_\_\_ *Grade* \_\_\_\_\_

List any allergies or medications: \_\_\_\_\_

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**Child's Name** \_\_\_\_\_ *Date of birth* \_\_\_\_\_ *Grade* \_\_\_\_\_

List any allergies or medications: \_\_\_\_\_

## Contact Information

Name of **mother** \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_  
Street Apt. City Zip Code

Name of **father** \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_  
Street Apt. City Zip Code

### Other emergency contacts also authorized to pick up your child(ren).

1) \_\_\_\_\_  
Name Relationship Phone Number

2) \_\_\_\_\_  
Name Relationship Phone Number

3) \_\_\_\_\_  
Name Relationship Phone Number

4) \_\_\_\_\_  
Name Relationship Phone Number

5) \_\_\_\_\_  
Name Relationship Phone Number