



# NORTH RALEIGH CHRISTIAN ACADEMY

**Aftercare**    2019-2020    2020-2021

**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