

# SOUTHAMPTON COUNTY SCHOOLS

Phone (757) 653-2692 · Fax (757) 653-9422



Dr. Gwendolyn P. Shannon  
Division Superintendent

Dr. Deborah Goodwyn, Chairman  
James D. Pope, III, Vice-Chairman

## BEFORE/AFTER SCHOOL CHILD CARE PROGRAM

SCHOOL: \_\_\_\_\_ Homeroom: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Start Date: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_ OTHER: \_\_\_\_\_

### \*IN CASE OF EMERGENCY, CONTACT:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

### PLEASE CHECK DAYS & TIMES YOUR CHILD MAY BE ATTENDING:

MONDAY \_\_\_\_\_ 7:00-8:30 A.M. \_\_\_\_\_ 3:45-6:00 P.M.

TUESDAY \_\_\_\_\_ 7:00-8:30 A.M. \_\_\_\_\_ 3:45-6:00 P.M.

WEDNESDAY \_\_\_\_\_ 7:00-8:30 A.M. \_\_\_\_\_ 3:45-6:00 P.M.

THURSDAY \_\_\_\_\_ 7:00-8:30 A.M. \_\_\_\_\_ 3:45-6:00 P.M.

FRIDAY \_\_\_\_\_ 7:00-8:30 A.M. \_\_\_\_\_ 3:45-6:00 P.M.

NAME OF PERSON(S) WHO WILL PICK UP CHILD: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

For the safety of all children, all individuals picking up a child must show picture identification each time. No exceptions!! Any person not listed on this form will not be able to pick up a child unless written notification has been given to the daycare staff. **\*If necessary, please attach a separate sheet with additional names\***

PARENT/GUARDIAN NAME: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

**\*IF YOUR CHILD HAS ANY ALLERGIES (FOOD, ETC.) OR NEEDS PRESCRIBED MEDICATION PLEASE LET US KNOW AND WE WILL PROVIDE A FORM FOR YOU TO COMPLETE.**