

SHREWSBURY CHRISTIAN ACADEMY
Before/After School Student Care

Student Care Copy

Student's Name _____ Student's Address _____ Grade _____

Father's Name _____ Father's Address _____ Home Phone _____
Work Phone _____

Mother's Name _____ Mother's Address _____ Home Phone _____
Work Phone _____

Name of persons authorized to take your child:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

If parents cannot be reached, these people will be contacted in case of an emergency.

Parent's/Guardian's Signature _____ Date _____

*** Please notify the school office of any changes.*

SHREWSBURY CHRISTIAN ACADEMY
Before/After School Student Care

Office Copy

Student's Name _____ Student's Address _____ Grade _____

Father's Name _____ Father's Address _____ Home Phone _____
Work Phone _____

Mother's Name _____ Mother's Address _____ Home Phone _____
Work Phone _____

Name of persons authorized to take your child:

Name _____ Relationship _____ Phone _____

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If parents cannot be reached, these people will be contacted in case of an emergency.

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