



2023-2024 AFTER SCHOOL INFORMATION FORM - AGES 6 & UP

Child's Name	Date of Birth	Age
1.		
2.		
3.		
4.		
5.		
6.		
ADDRESS STREET:	CITY:	ZIP:
PARENT/GUARDIAN NAME(S)	PHONE NUMBER(S) Both work & cell	
1.		
2.		

EMERGENCY CONTACTS – Please print clearly

CONTACT NAME	CONTACT PHONE NUMBER(S)
1.	
2.	

MEDICAL CONDITON OR ALLERGIES – Please Print clearly

NAME	CONDITION/ ALLERGY
1.	
2.	
3.	

Is anyone allowed to pick up your children? If yes, please print clearly below; **OR CHECK:** No one allowed _____

Please list who is Authorized to pick up my child/children	PHONE NUMBER
1.	
2.	

CHILDREN UNDER 12 NEED TO BE PICKED UP BY 5:00 PM AND CANNOT LEAVE THE BUILDING UNTIL PICKED UP. IT IS A VERY BUSY PLACE/PARKING LOT AND IT IS THE PARENTS/GUARDIANS RESPONSIBILITY TO LET THEM KNOW THAT THEY NEED TO STAY IN THE BUILDING. Initial: _____

Picture/Video Release: The Cloquet Community Center at times will photograph/ video activities.

Yes _____ The Cloquet Community Center has permission to photograph/ video my children listed or myself.

No _____ The Cloquet Community Center does not have permission to photograph/ video my children listed or myself.

*I release the Fond du Lac Band of Lake Superior Chippewa and the Cloquet Community Center and any volunteers from liability for any accident or injury that may occur during myself/my children(s) or spouse's participation at this facility.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

