

**MUST BE  
COMPLETED**

# St. Rose of Lima Academy

## 2011-2012 Aftercare Program Emergency Form

52 Short Hills Avenue  
Short Hills, New Jersey 07078

Phone: 973-379-3973

Accredited by Middle States Association of Colleges and Schools

Please Print

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

\*Person(s) responsible for picking up and relationship to child (Must be filled in and include your name). Please include the names of coaches if your child is on a sports team. If more space is needed continue on back of this form.

Name

Relationship

Phone

1. \_\_\_\_\_ ( ) \_\_\_\_\_

2. \_\_\_\_\_ ( ) \_\_\_\_\_

3. \_\_\_\_\_ ( ) \_\_\_\_\_

4. \_\_\_\_\_ ( ) \_\_\_\_\_

Mother's Place of Business \_\_\_\_\_ Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Father's Place of Business \_\_\_\_\_ Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

If there is an emergency and we are unable to contact you, please list the two (2) people that you would want us to contact (Must be filled in).

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number \_\_\_\_\_ Cell phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number \_\_\_\_\_ Cell phone \_\_\_\_\_

**WE WILL NOT RELEASE YOUR CHILD TO ANYONE WHOSE NAME DOES NOT APPEAR ON THIS FORM.**

Does your child have any allergies? If so, please list (if there are no allergies please write out the word "NONE"): \_\_\_\_\_

I have read and agree to abide by the Beforecare and Aftercare policies outlined in this document.

Parent/Guardian Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Please check one:  Yearly Plan  Weekly Plan  Daily Plan

I plan to use this service on occasion  I plan to use this service in an "emergency"

For planning purposes, please list the days that you plan to have your child attend \_\_\_\_\_  
(These days may be changed at any time)