

RECREATION EMERGENCY FORM

PLEASE CHECK ALL THAT APPLY:

- KINDERCARE
- DAYCARE
- LIMITED CARE
- BEFORE SCHOOL CARE
- MINIMUM DAY

Child's Last Name Child's First Name Grade /School Birth date

Mother's Last Name Mother's First Name Work Phone Cell Phone

Father's Last Name Father's First Name Work Phone Cell Phone

Address City/Zip

Child's Allergies Child's Medications Anything else we should know about the child

In event of an emergency, please contact (after parents):

Name Relation to Child Phone 1/Cell Phone2/Cell

My child may be picked up by the following people:

1. Name Relation to Child Phone

2. Name Relation to Child Phone

3. Name Relation to Child Phone

4. Name Relation to Child Phone

- I understand that if my child is picked up after 6:00pm, I will be billed \$1.00 for each minute after 6:00pm, per child.
- I understand that tuition is due by the 1st of each month. I understand that if tuition is received late, I will be assessed a \$25.00 late fee.
- I authorize San Marino Recreation to transport my child to and from Valentine, Carver and Recreation Department.

Signature

Date