Child’s Name/Nombre del Niño/a\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone/Teléfono\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s/Padre’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Cell /Teléfono \_\_\_\_\_\_\_\_\_

Mother’s/Madre’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mother’s Cell / Teléfono \_\_\_\_\_\_\_\_\_\_\_\_

Street Address/Domicilio\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lot/Apt. # \_\_\_\_\_\_\_\_\_

City/Ciudad \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code/Código Postal \_\_\_\_\_\_\_\_\_\_

Current Grade/Grado \_\_\_\_\_\_\_\_\_\_\_\_ Male/Varón\_\_\_\_ Female/Hembra\_\_\_\_

Birthdate/ Fecha de Nacimiento \_\_\_\_\_\_\_\_\_\_\_

School Your Child Attends/Escuela que el estudiante atiende \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity/Race of Child:/Etnicida/Raza de el Nino/a:

\_\_\_\_\_ American Indian/Indio Americano \_\_\_\_\_ Hispanic/Hispano o Latino

\_\_\_\_\_ White/Blanco, Non-Hispanic/No Hispano \_\_\_\_\_ Asian/Asiático \_\_\_\_\_ Black/Afro-Americano \_\_\_\_\_ Multiracial/Otro

**Lunch Program:** (Programa de Almuerzo)

\_\_\_\_ Free/Gratis \_\_\_\_ Reduced/Reducido \_\_\_\_ Neither/Ninguno

I give permission for my son/daughter, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to participate in the Precious Beginnings After Care program and to participate in all activities and field trips; to receive emergency medical treatment if necessary and to appear in pictures for publicity purposes. By signing below, I certify that the above information is true and correct. I understand that this information may be subject to future verification.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE PRINTED NAME DATE

Doy permiso que mi hijo/a, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, participe en el programa del Precious Beginnings Cuidado después de clases, y que pueda participar en todas las actividades, y todos los paseos que se les den. También, les doy permiso que se les pueda dar medicamento en caso de una emergencia, y que puedan ser fotografiados para la publicidad publica del programa. Firmo, y afirmo que toda la información que di es correcta y entiendo que la información puede ser verificada.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma Nombre Fecha

**Approximately what time will your child/children be picked up? \_\_\_\_\_\_\_\_\_\_\_**

**In order to have emergency contact information on file, please fill out the following information as completely as possible. All of this information will be kept confidential and be used for general reporting purposes only.**