

**Information and Authorization for Neighborhood House's School Age Program**

Child's Name	pref. gender pronoun	DOB
Child's Name	pref. gender pronoun	DOB
Child'sName	pref. gender pronoun	DOB

**Parent/ Guardian Contact Information**

Name/ Relationship to Child		
Home Address		City and Zip
Best Phone number	Secondary Number	
email address	Employer Address	
Name/ Relationship to Child		
Home Address		City and Zip
Best Phone number	Secondary Number	
email address	Employer Address	

**Required Emergency Contact Information and Authorized pick up persons**

Name/ Relationship to Child	phone
Name/ Relationship to Child	phone

**Other Authorized pick up persons**

Name/ Relationship to Child	phone
Name/ Relationship to Child	phone

Parent/ Guardian Signature

date

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