



**SAGINAW TOWNSHIP COMMUNITY EDUCATION**

**Child Information Record 2024 Summer Kids Club**

**(only needed for students who were not in the After School Activities Club programs during the school year.)**

Student Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M / F

Grade Just Completed \_\_\_\_\_ School \_\_\_\_\_ Birth Date \_\_\_\_\_ Race \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email \_\_\_\_\_

List any pertinent health information (medical conditions, etc.):

\_\_\_\_\_

**EMERGENCY CONTACTS (Other than Parent/Guardian) please print clearly**

NOTE: Students will only be released to a parent, guardian, or emergency contact person listed. \*\*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_ 2nd Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_ 2nd Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_ 2nd Phone \_\_\_\_\_

\*\* CODE WORD (to be used if a person not listed above is asked to pick up the child):

\_\_\_\_\_

List any allergies – please do not leave blank or list as “N/A.” List allergies or notate with “no known allergies” or “none.”

\_\_\_\_\_