

**SHREWSBURY CHRISTIAN ACADEMY**  
**Before/After School Student Care**

*Student Care Copy*

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

Father's Name \_\_\_\_\_ Father's Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Name of persons authorized to take your child:

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

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

If parents cannot be reached, these people will be contacted in case of an emergency.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*\* Please notify the school office of any changes.*

**SHREWSBURY CHRISTIAN ACADEMY**  
**Before/After School Student Care**

*Office Copy*

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

Father's Name \_\_\_\_\_ Father's Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Name of persons authorized to take your child:

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

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

If parents cannot be reached, these people will be contacted in case of an emergency.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*\* Please notify the school office of any changes.*