



Yellville-Summit Before/After School Program



* Please fill out the form with your current address. Please note that your child will be mixed with other students from different classrooms in the before and after care programs.

Name of Student _____

Grade _____ Birthdate _____ Phone Number _____

Address _____

Parent/Guardian Name _____

Parent/Guardian Workplace _____

Emergency Contact _____ Emergency phone _____

Email _____ Home Room Teacher _____

Is your child participating in any other after-school activities? Yes _____ NO _____

Please explain _____

List who is authorized to pick up the child(ren) and/or will serve as emergency contact. If no adults are listed, then **ONLY THE PARENT(S)/GUARDIAN(S) WILL BE ABLE TO PICK UP THE STUDENT(S) without a note or message.**

List person(s) not allowed to see or pick up student(s) per legal restrictions.

Bus Transportation will be needed on a regular basis: _____ YES _____ NO

Please indicate when services are needed for your child:

_____ before school _____ after school _____ both

Is there anything we need to know about your child? Medical, allergies, or other info?

I give permission for my child to be photographed during activities for Y-S School District purposes. I understand these may be used in local newspapers, school website, or informational literature.

Check one _____ YES _____ NO

Parent/Guardian Signature

Print Name
