

Lil' Cubs After-School Program

A great place to "hang out" after school

Child's Full Name _____ Birth Date _____ Sex _____

Address _____ Phone _____

If the child does not use their legal first name, list the name used _____

Mother's name _____ Phone _____

Address _____ Cell Phone _____

Place of Employment _____ Phone _____

E-Mail Address _____

Father's name _____ Phone _____

Address _____ Cell Phone _____

Place of Employment _____ Phone _____

E-Mail Address _____

Does your child have any unusual eating habits or food allergies? _____

My child may be released to:

Name

Relationship

Phone Number

Please list below any further information that you believe will be helpful _____
