



Participant/Child's Name: _____

Date of Birth: _____ Grade in school: _____

Parent/Guardian Names: _____

Parent/Guardian Phone Numbers: _____

Parent/Guardian Email Addresses: _____

Please list the first and last names and phone numbers of **anyone** who is allowed to pick your child up following the CATCH program:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

My child will be walking home/library/park etc: YES or NO

If yes, please list ALL places where they are allowed to walk to: _____

Please list ALL sports or other afterschool actives (please include any pick-up changes):

Any allergies or dietary restrictions: _____

Restrictions to physical activities advised by physician: _____

My Child will be attending CATCH (check all days that your child will likely attend):

Monday	Tuesday	Wednesday

Any other important information: _____

Sign: _____

Date: _____