

**Indian
Creek
Elementary
School**



**Indian
Creek
Intermediate
School**

Student Name: _____

Grade: _____

Parent Name(s): _____

Contact Number: _____

Contact Number: _____

Emergency Contact Name #1: _____

Emergency Contact Number: _____

Emergency Contact Name #2: _____

Emergency Contact Number: _____

Anyone listed on this sheet is allowed to pick-up the student listed above from NHJ After School Care.

Student Allergies: _____

Medical Needs: _____

Special Needs/Considerations: _____

Attending NHJ After School Care on: (please circle all that apply)

Monday

Tuesday

Wednesday

Thursday

Friday