



NGESC

Extended School Care

Childs' Name:	Date entered care:
Street Address:	Date of Birth:
Town, City, Zip:	Home Phone:
Parent/Guardian (1) Name:	Cell Phone:
Parent/Guardian (2) Name:	Cell Phone
What is the best way to reach you while your child is at NGESC? _____	

Incase of an emergency, I give permission for any of the following individuals to be contacted and my child(ren) may be released to any of them. (They will be asked to show a photo ID)
Parent/Guardian signature: _____

Name:	Address:	Home Phone:
Relationship:		Cell Phone:

Name:	Address:	Home Phone:
Relationship:		Cell Phone:

Other than you, who has permission to pick up your child(ren)? (They will be asked to show a photo ID)
Parent/Guardian signature: _____

Name:	Address:	Home Phone:
Relationship:		Cell Phone:

Name:	Address:	Home Phone:
Relationship:		Cell Phone:



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Child's homeroom teacher _____

Child's Grade (circle one): K 1 2 3 4 5

Does your child have any allergies or food sensitivities? If yes, please specify. _____

Does your child take regular medicine? If yes, please specify. _____

Any other information you would like us to know about your child : _____

I, _____ (PRINT NAME), parent/guardian of _____ (PRINT NAME)
hereby grant permission to NGESC to (Please initial each line you grant permission for):

_____ take and use photographs and/or digital images of my child for use in electronic publications shared with
NGESC families and dojo displays for the duration of his/her time in the school.

_____ Walk students across the street to Damigella Field for outdoor play

_____ Take walks on the Rail Trail (accessible right behind the dojo)

_____ Take walks downtown (library, Goodwill park) on nice weather days

Parent Signature

Date