



Nooksack Tribe After School Program 2023/24

Your child may be denied service if this form is not returned updated
You may attach an additional piece of paper if there is not enough space

Student Name: _____

School: _____ Grade: _____ Teacher _____

List any Medical Concerns or medical issues that we should be aware of?

Parent/Guardian Name: _____

Parent/Guardian Home Address _____

Parent/Guardian Phone Number: _____ P/G Email: _____

Emergency Contact Information **THIS MUST BE UPDATED IF THERE ARE ANY CHANGES**

Name: _____ Phone Number: _____

Secondary Emergency Contact Information-

Name: _____ Phone Number: _____

Authorized Person(s) to pick up student: **THIS MUST BE UPDATED IF THERE ARE ANY CHANGES**

Name: _____ relation: _____ Phone # _____

Name: _____ relation: _____ Phone # _____

Name: _____ relation: _____ Phone # _____

Transportation Information () check if child is to be dropped off at home () Check if child will be picked up from the Timber Ridge Property.

If child is to be dropped off at an address other than home address, please indicate:

Name of person residing at this address: _____

Phone Number of adult at this address _____

Drop off address: _____

Initial here:

_____ I understand that I must contact the Front Desk Receptionist for any changes to this record.
AND Personal messages to staff members are not permitted to address any changes to this form.

_____ I understand that if there are any Court Orders in place regarding your child, you must contact the Youth Program Director to inform how to honor the Court Order.

_____ I understand that there is a Transportation Policy. Please request a copy

Additional children in same household:

(1) Student Name: _____

School: _____ Grade: _____ Teacher _____

List Any Medical Concerns or medical issues that we should be aware of

(2) Student Name: _____

School: _____ Grade: _____ Teacher _____

List Any Medical Concerns or medical issues that we should be aware of

(3) Student Name: _____

School: _____ Grade: _____ Teacher _____

List Any Medical Concerns or medical issues that we should be aware of

(4) Student Name: _____

School: _____ Grade: _____ Teacher _____

List Any Medical Concerns or medical issues that we should be aware of

(5) Student Name: _____

School: _____ Grade: _____ Teacher _____

List Any Medical Concerns or medical issues that we should be aware of

This form completed by _____ Date _____