



2017-18 CHILD INFORMATION FORM

CHILD INFORMATION

NAME OF CHILD _____
Last
First
Middle Initial

HOME ADDRESS _____ **HOME PHONE** _____
 _____ **DATE OF ENTRY** _____

DATE OF BIRTH _____ **SEX** _____ **GRADE** _____ **SCHOOL** _____

FAMILY INFORMATION

NAME OF PARENT/ GUARDIAN #1 _____
HOME ADDRESS (if diff. from above) _____
E-MAIL ADDRESS _____
PHONE NUMBERS: Home _____ Cell _____
 Work (incl. both main company # AND direct ext/voicemail) _____
EMPLOYER _____ **LOCATION** _____

NAME OF PARENT/ GUARDIAN #2 _____
HOME ADDRESS (if diff. from above) _____
E-MAIL ADDRESS _____
PHONE NUMBERS: Home _____ Cell _____
 Work (incl. both main company # AND direct ext/voicemail) _____
EMPLOYER _____ **LOCATION** _____

Which person and number above should be called first in case of emergency? _____

CUSTODY: If parents are divorced or separated, and/or the child is the subject of a court order, a **certified** copy (signed by a judge) of the most current document must accompany this form. If applicable, please indicate the court ordered custodial arrangement:

Joint Custody
 Full Custody to Mother
 Full Custody to Father
 Full Custody to: _____

Does non-custodial parent have the right to visit the program site or take the child from the program site?

Yes
 or (these require court order)
 No
 Only with prior written/verbal authorization

(Over)

AUTHORIZATIONS

In order for your child to participate in an HCC program, you **must** list below **two** individuals at least 18 years of age or older who are authorized to take your child from the site and make emergency decisions regarding your child **in loco parentis**. Names of these individuals must be provided within 2 weeks of admission.

These individuals must be in NJ, and be must be able to drive (including during inclement weather), be willing and able to take your child in case of parent unavailability, and be within **15-20** minutes of the program at rush hour. They **may not** be from the same household as the child, nor may both individuals reside in one household.

NAME _____ REL. TO CHILD _____

ADDRESS _____ PHONE (H) _____ (W) _____

_____ (C) _____

NAME _____ REL. TO CHILD _____

ADDRESS _____ PHONE (H) _____ (W) _____

_____ (C) _____

You may list as many additional persons (adults or students 6th grade or older) authorized to pick up your child as you wish. You may attach a **signed** additional sheet if necessary. **Under no circumstances will a child be released to any other person without prior authorization by parent.**

NAME _____ REL. _____ PHONE _____

NAME _____ REL. _____ PHONE _____

NAME _____ REL. _____ PHONE _____

Please indicate a code (a word, a family nickname or joke, etc.) to be used if phone authorization is needed to authorize someone else in an emergency situation. (Be sure to write this down so you don't forget!)

Code: _____

ABOUT YOUR CHILD

To help us provide the most appropriate care and supervision for your child, please inform us as to whether your child have any special needs (ex. physical, emotional or developmental) which may require accommodation by our program. If so, please detail those needs and consider providing HCC authorization to discuss with the child's teacher, Haddonfield Child Study Team, and principal as necessary.

I give authorization for HCC to discuss my child's needs with Haddonfield Public School and Child Study Team personnel.

Signature: _____