

# Afterschool Program Emergency Contact Information

Date: \_\_\_\_\_

Dear Parent/Guardian,

We are committed to ensuring the safety and well-being of your child during our afterschool program. To better assist us in case of an emergency, please provide the following contact information:

## Child Information:

Child's Full Name: \_\_\_\_\_

Grade/Year: \_\_\_\_\_

## Emergency Contact Information:

Contact Name 1: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Name 2: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Additional Notes:

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Thank you for your cooperation. Please return this form by \_\_\_\_\_.

Sincerely,

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Afterschool Program Coordinator