



EMERGENCY CONTACT FORM

(NON-BCA STUDENTS - HOLIDAY CARE)

~~~~~**Holiday Care Information**~~~~~

- Children Pre-K through age 12.
- This Care is open to the public.
- Hours are 6:30am – 6:00pm
- No dress code, but we do ask that your child have clothing that they can participate in. (Shoes that they can run in, casual clothes in case of messy activities)

Holiday Care includes morning and afternoon activities, center times & outdoor times.  
Breakfast, lunch and an afternoon snack are included.

**Daily Rate:** \$25 for the first child & \$24 for each additional child. Payment is **non-refundable** unless attendance deadline is met. Child will not be registered until full payment has been received.

**Payment Options:** BCA accepts checks, money orders, cash and online payments at [www.bouttechristian.org](http://www.bouttechristian.org).

**Financially Responsible Adult:** \_\_\_\_\_ **Date:** \_\_\_\_\_

~~~~~**Family Information:**

Child's Name: _____ Current Grade: _____

Birth Date: _____ Gender: _____ Age: _____

Address: _____ City: _____ Zip: _____

Primary Phone Number: _____

Medical Information

Chronic Illness (asthma, seizures, diabetes, etc...) _____

Prescription Medicine _____ Allergies _____

Dietary Restrictions (Must be accompanied by a doctor's note) _____

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Continued Family Information...

Mother's Name: _____ **Mother's E-Mail:** _____

Mother's Work Phone: _____ **Mother's Cell Phone:** _____

Emergency Contact: _____ Yes _____ No **Authorized Pickup:** _____ Yes _____ No

Legal Documents on File: (Custody, Restraining Order, etc...) _____ Yes _____ No

Father's Name: _____ **Father's E-Mail:** _____

Father's Work Phone: _____ **Father's Cell Phone:** _____

Emergency Contact: _____ Yes _____ No **Authorized Pickup:** _____ Yes _____ No

Legal Documents on File: (Custody, Restraining Order, etc...) _____ Yes _____ No

Emergency and Pick Up Authorization - Persons to be contacted in an emergency if I/we can not be reached.
(Any extra contacts can be attached on a seperate piece of paper.)

1. **Name** _____ **Relationship to child** _____

Home Phone _____ **Emergency:** ___ Yes ___ No **Pickup:** ___ Yes ___ No

Work Phone _____ **Cell Phone** _____

2. **Name** _____ **Relationship to child** _____

Home Phone _____ **Emergency:** ___ Yes ___ No **Pickup:** ___ Yes ___ No

Work Phone _____ **Cell Phone** _____

3. **Name** _____ **Relationship to child** _____

Home Phone _____ **Emergency:** ___ Yes ___ No **Pickup:** ___ Yes ___ No

Work Phone _____ **Cell Phone** _____

Emergency Authorization:

1. We hereby authorize this facility to care for my child during the time he or she is in the facility; and
2. In accordance with the provisions of La. Civil Code Article 2997(7), I hereby authorize the River Director, or her designee to obtain and consent to emergency medical treatment for my child while under their care, in the event that said Director, or her designee is unable to contact me.

Parent's Signature _____ Date _____