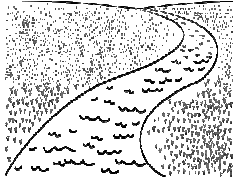


THE RIVER

Before and after school program



EMERGENCY CONTACT FORM

Boutte Christian Academy

(NON-BCA STUDENTS—HOLIDAY CARE)

- Children Pre-K through age 12
- This Care is open to the public
- Hours are 6:30am to 6:00pm
- No dress code, but we do ask that your child have clothing that they can participate in, (shoes 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 1st child and \$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

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): _____

Cont'd on next page

Mother's name: _____ **Mother's E mail:** _____

Mother's work Phone: _____ **Mother's cell:** _____

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:** _____

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 separate 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 Louisiana Civil Code Article 2997 Section (6), 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.

Parents' Signature _____ Date _____