

AFTER SCHOOL STUDY PROGRAM (ASSP)

Clinton Christian Academy
271 West Division
Clinton, MO 64735
660-890-2111

Year 2024-2025

Student's Name _____ Grade _____ Teacher _____

Student's Address _____

Home Phone Number _____ e-mail address _____

Father/Guardian

Mother/Guardian

Full Name _____

Cell Phone _____

Employer _____

Work Address _____

Work Phone _____

Emergency Contacts:

Name _____

Name _____

Phone # _____

Phone # _____

Alt # _____

Alt # _____

Relationship to Child _____

Relationship to Child _____

Authorized to Pick-up: YES or NO

Authorized to Pick-up: YES or NO

Please list below any additional names that have your authorization to pick-up your child from ASSP.

1. _____

Relationship to Child: _____

2. _____

Relationship to Child: _____

3. _____

Relationship to Child: _____

4. _____

Relationship to Child: _____

Note: Please remember to send a note to school with your child to give to the office for the day that someone other than yourself will be picking up your child from ASSP.

On the reverse side, please list any known allergies your child has and the reaction.

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date