



Rural Municipality of
WEST RIVER

Child Profile Sheet After-School Program

Please Print

Student Name: _____ **Date of Birth:** _____

(Circle preferred name) Last Name Given Names Day/Month/Year

Address: _____

Phone Numbers: Parent 1 _____ Parent 2 _____ Emergency Name _____

Home: _____ **Work:** _____ **Work:** _____ **Work:** _____

Cell: _____ **Cell:** _____ **Cell:** _____

Allergies: _____

(Be Very Specific)

Epipen Required: Yes ☐ No ☐

About your Child

How would you describe your child's demeanor? _____

Special Considerations/ Eating Habits/Dietary Concerns: _____

Describe your home environment: _____

Applicant lives with: Both Parents ☐ Parent 1 Only ☐ Parent 2 Only ☐ Shared Custody ☐ Guardian ☐

Names and DOB of Siblings: _____

Home Work Time **To be done as part of after school program** ☐

To be done at home ☐

People Authorized to pick up your child: _____

Parent 1/Guardian Signature

Parent 2/Guardian Signature