

**Saturday's Child Enrollment Form**  
**Community Action Network, Inc.**

Child' Full Name \_\_\_\_\_

**EMERGENCY CONTACT**

**Primary Contact**

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home # (\_\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_

Work # (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Place of Employment \_\_\_\_\_

City \_\_\_\_\_

**Secondary Contact**

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home # (\_\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_

Work # (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Place of Employment \_\_\_\_\_

City \_\_\_\_\_

**Child Release Info**

The child may be released to a person not listed below **only when the Parent/Guardian notify staff** of the full name of person (relationship) their child is to be released to and the **Safety Release Code**. This information **must be** provided prior to scheduled pick-up.

**Child's Safety Release Code** \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_