



NORWALK PUBLIC SCHOOLS Ponus Information Session Childcare

Provided by After the Bell

General Information:

Child 1 Last Name: _____
Child's First Name: _____
Grade: _____
Child's Birth date: _____
Child's Age: _____
Child's Sex (M or F): _____

Parent or Guardian Last Name: _____
Parent or Guardian First Name: _____
Cell Phone #: _____
Email Address: _____

Child 2 Last Name: _____
Child's First Name: _____
Grade: _____
Child's Birth date: _____
Child's Age: _____
Child's Sex (M or F): _____

Child 3 Last Name: _____
Child's First Name: _____
Grade: _____
Child's Birth date: _____
Child's Age: _____
Child's Sex (M or F): _____

Medical Information:

Does child 1 have any allergies or required medication? Yes No If yes medication must be supplied. **Medication Received**
Does child 2 have any allergies or required medication? Yes No If yes medication must be supplied. **Medication Received**
Does child 3 have any allergies or required medication? Yes No If yes medication must be supplied. **Medication Received**
If yes, to what? _____

Please describe any medical conditions that we should be aware of:

I / We hereby give permission for ATB Staff to provide First Aid/CPR or AED in an emergency situation.

Signed by Parent or Guardian: _____ Date: _____

I / We understand that After the Bell Staff will be responsible for my child(ren) during the information session on 11/26/18.

Signed by Parent/Guardian: _____ Date: _____

**Please return form to communications@norwalkps.org by Friday, November 23,
or in person to Norwalk Public Schools, 125 East Avenue, Room 311, by noon on Wednesday, November 21.**