



Geneva Community Center



BOYS & GIRLS CLUB
OF GENEVA

BEFORE SCHOOL CHILD CARE AND HOMEWORK HAVEN 2020-2021

Doors open at 7:00 am

CHILD INFORMATION

Name: _____ Grade in the Fall: _____

Address: _____ Apartment Number: _____

PRIMARY GUARDIAN INFORMATION

Name: _____

Relationship: _____

Address: _____

Phone Number: _____

Employer: _____

Employer Phone #: _____

Work Schedule (if irregular, list dominant hours):

OTHER GUARDIAN INFORMATION

Name: _____

Relationship: _____

Address: _____

Phone Number: _____

Employer: _____

Employer Phone #: _____

Work Schedule (if irregular, list dominant hours):

SPECIAL MEDICAL INFORMATION

Has the child had any flu symptoms in the last three months:

SPECIAL DIETARY INFORMATION

Any Food Allergies: _____