



New Life Christian Academy  
Eagle Enhancement Form  
(After-School Care)

20\_\_-20\_\_

Student Name  "Goes By"  Grade

Parent/Guardian #1 Name  Relationship

Address  City  State  Zip

Home Number  Work Number  Cell Number

Parent/Guardian #2 Name  Relationship

Address  City  State  Zip

Home Number  Work Number  Cell Number

In the case of an Emergency please contact the following:

Name  Relationship  Number

I authorize the following individuals to pick my son/daughter up from E.E.  
(A copy of the driver's license must be provided)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please list any pertinent information that our staff should know about.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian #1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian #2 Signature

\_\_\_\_\_  
Date

7/29/2010