

Program: _____	Child: _____
Teacher/Grade: _____	



1719 Post Road Fairfield, CT 06824 203-255-0556

**BEYOND THE BELL ENRICHMENT PROGRAM
INSURANCE AND EMERGENCY CONTACT INFORMATION**

If your child will be taking part in any of our Enrichment Programs, please complete this form and return to the office attn: HSA/ Enrichment.

Thank you!

Date: _____

Child's name: _____

Health Insurance Company: _____

Name of parent/guardian on policy: _____

Group #: _____

Parent/guardian name: _____

Parent/guardian home phone: _____

Parent/guardian cell phone: _____

Emergency backup name: _____

Emergency backup phone: _____

Signature: _____