

2026-2027 TRZ CARDINAL CARE AFTERSCHOOL PROGRAM
INFORMATION UPDATE FORM
(One child per form)

The Relief Zone Inc.
5 Frew Run St. Box 334
Frewsburg, NY 14738
716-569-2614
trz@thereliefzone.net
www.thereliefzone.net

Name of Child: _____ Grade: _____ Age: _____ Date of Birth: / /

Teacher: _____

Parent/Guardian: _____ Email Address: _____ Phone #: _____

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****PLEASE NOTIFY BOTH CARDINAL CARE DIRECTOR & GAIL N. CHAPMAN OFFICE STAFF OF ANY CHANGES IN SCHEDULE****

(please mark in bubbles which days your child will attend)

☐ MONDAY ☐ TUESDAY ☐ WEDNESDAY ☐ THURSDAY ☐ FRIDAY ☐ ONLY W/NOTE

All payments must be made through "Procare", via credit card, debit card or ACH transfer. You will be invoiced on Monday for the previous week's attendance. Invoices are due on Tuesday. There is an annual \$50 registration fee per child for school year programming. You will be invoiced for this the week before school begins.

Medical information we should be aware of: _____

Please list any triggers your child may have, or any information that will help our staff better know and understand your child's needs: _____

Signature _____ Date _____

Other information that may need to be updated for your child (ie. Add or remove pick up person, medical history and/or needs, etc.): _____

Important – This Box Must Be Completed for TRZ Program Attendance

Publicity photos may be taken throughout the program duration. I allow my child to be included in photos.

Authorization for Treatment:

I give my child permission to attend TRZ Cardinal Care After School Program held at Gail N. Chapman Elementary School, 22 Main Street, Randolph, NY 14772. I understand the program rules. I hereby give permission to staff to assist in the application of sunscreen to my child if necessary. By signature below, I hereby release TRZ from all responsibility and liability for any injury or illness my child may sustain. In the event of a medical emergency, I give an adult leader of this program consent to any medical treatment my child may require.

I give permission to the medical personnel selected by the director to order X-Rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the director to secure and administer treatment, including hospitalization, for the person named above.

The completed forms may be photocopied.

Signature of Parent or Guardian _____ Date _____

2026 - 2027 TRZ CARDINAL CARE CHILD PICK UP PROCEDURES

Pick Up: 3:00pm – 5:30pm

- Pull vehicle up to school
- Call 716-294-5797 to notify staff of your arrival
- Staff member will meet you at your vehicle to sign child out & release to you

****Any changes to your child's medical history or educational needs during the year, please notify us through Procure messaging****