

**BEFORE & AFTER CARE REGISTRATION FORM**

Students' Name \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_

Age \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Teacher: \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell # \_\_\_\_\_

The following individuals are allowed to pick up this child and may be contacted in case of emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Day Phone: \_\_\_\_\_

**Medical Information**

List any medications, allergies or limitations requiring special attention:

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

My child will attend: \_\_\_\_\_ Before School \_\_\_\_\_ After School

My child will attend the following days (circle)   Mon   Tue   Wed   Thu   Fri

I acknowledge that I have read and fully understand the policies outlined in the After-School Enrichment Program literature and have received the Get to Know Your Center brochure.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_