

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 have read and fully understand the policies outlined in the After-School Enrichment Program literature.

Parent Signature: _____ Date: _____