

# Before and After School Registration Form

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

*Please indicate with an X which option and days your child/ren will be participating in the program during the school year.*

Program	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
Pre-K After School					
After School – 4:30					
After School – 5:30					

**Emergency Contact Information**

Mother/Guardian's Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

***In the event that I am unable to pick up my child, the following individuals are permitted to do so.***

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Health Information:** List all allergies or health conditions that is part of your child/ren's medical history

Explanation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

<p><b>For office use only:</b></p> <p>Registration Fee pd. _____ Ck # _____ Date _____ Monthly payment \$ _____</p>
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