BEFORE & AFTER SCHOOL CHILD CARE REGISTRATION
2023 - 2024

_____
Family Last Name

Student's Name	Grade
_____	_____
_____	_____
_____	_____
_____	_____

FAMILY DATA

Father _____ _____
Family Name **First** **Phone Number**

_____ _____
Street Address **City** **Zip Code** **E-Mail Address**

Mother _____ _____
Family Name **First** **Phone Number**

_____ _____
Street Address **City** **Zip Code** **E-Mail Address**

Child/Children lives with: **Both Parents** **Mother** **Father** **Other**
Please Circle

If student is not living with parents, complete the following:

Guardian(s) _____ _____
Family Name **First** **Phone Number**

_____ _____
Street Address **City** **Zip Code** **E-Mail Address**

Please indicate the days you will typically use the program on a weekly basis:

Before Care Only _____ **After Care Only** _____

Before & After Care _____ **Drop In Only** _____

Please Circle Days:		Before Care	After Care
One Day	M, T, W, TH, F	_____	_____
Two Days	M, T, W, TH, F	_____	_____
Three Days	M, T, W, TH, F	_____	_____
Four Days	M, T, W, TH, F	_____	_____
Five Days		_____	_____

The following individuals may pick up my child from the Before or After Care Program:

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Health History:
Please check if your child/children have any of the following:

_____ **Asthma** _____ **Diabetes** _____ **Hearing problems**
_____ **Heart Condition** _____ **History of Seizures** _____ **Vision Problems**
_____ **Other** _____

Medications taken regularly – please note if they are to be administered at school:

_____

_____

Allergies:

_____

_____

Fears (ex: dogs, thunder, bugs, etc.):

_____

_____

Additional information:

_____

_____

Parent's Signature:_____ **Date:** _____

Registration Fees (non-refundable)

Before Care ONLY $10.00 per family
Before and/or After Care $30.00 per family Amount Paid _____