

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: _____

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Registration Fees (non-refundable)

Before Care ONLY \$10.00 per family

Before and/or After Care \$30.00 per family

Amount Paid _____