

# BEFORE SCHOOL CARE / AFTER SCHOOL CARE

**FAMILY REGISTRATION FORM**  
**\$25 Family Registration Fee**  
Check # \_\_\_\_\_

**FAMILY NAME:** \_\_\_\_\_

Child Name: \_\_\_\_\_ HomeRoom: \_\_\_\_\_

Child Name: \_\_\_\_\_ HomeRoom: \_\_\_\_\_

Child Name: \_\_\_\_\_ HomeRoom: \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**1<sup>st</sup> Parent/Guardian:** \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business EMAIL: \_\_\_\_\_

**2<sup>nd</sup> Parent/Guardian:** \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business EMAIL: \_\_\_\_\_

**IMPORTANT:** Give the names of two adults we may contact in case of an emergency, if neither parent can be reached.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**KNOWN ALLERGIES:** \_\_\_\_\_