



AFTER SCHOOL CARE REGISTRATION

Family Name: _____ Phone Number: _____

Father's Name: _____ Phone (wk.): _____

Phone (cell): _____

Mother's Name: _____ Phone (wk.): _____

Phone (cell): _____

Name(s) of Children	Age	Grade	Circle Days
_____	_____	_____	M T W Th F
_____	_____	_____	M T W Th F
_____	_____	_____	M T W Th F
_____	_____	_____	M T W Th F

After School Activities: Must notify ASAP staff for your child to be released

Name(s) of Children	Activity	Circle Days
_____	_____	M T W Th F
_____	_____	M T W Th F
_____	_____	M T W Th F
_____	_____	M T W Th F

All **Local** Persons Authorized to Pick Up:

Name	Relationship	Contact Number
_____	_____	_____
_____	_____	_____

Special Health Problems, Allergies or Information that needs to be noted: _____

Parent/ Guardian Signature

Date