

BEFORE & AFTER SCHOOL CARE REGISTRATION

STUDENT INFORMATION:

Name	Age	Grade	Room #
Name	Age	Grade	Room #
Name	Age	Grade	Room #

PARENT/GUARDIAN INFORMATION:

Name	Phone Number
Address	
Employer	Work Number

PEOPLE WHO CAN PICK UP CHILD(REN) AT END OF THE DAY:

Name	Phone Number	Relationship to Student
Name	Phone Number	Relationship to Student

EMERGENCY CONTACT INFORMATION

Name	Phone Number	Relationship to Student
Name	Phone Number	Relationship to Student

Please list any information that may be helpful in the care of your child/children, especially any allergies or medical conditions.
