

REGISTRATION FORM

\$10.00 fee per family

Before & After School starts on August 27th, 1st day of School 12:30 dismissal

Please Fill Out, Detach, and Return- 1 form per family

I have read and understand all policies stated in the Before School / After School Program Handbook.

Parent/Guardian Signature

Child's Name: _____ Grade: _____

Child's Name _____ Grade: _____

_____ We will be using the program on a part-time basis.

_____ We will be using the program for Early Dismissal days. (12:30 P.M.)

_____ We will be using the program for late opening days.

_____ We will be using the program on a full-time basis as indicated below:

Please fill in the DAYS AND TIMES:

Before School hours: _____

After School hours: _____

Please indicate the date your child will start Before School and/or After School _____

Registration Fee \$10.00

Cash _____

Check # _____

PLEASE COMPLETE EMERGENCY FORM ON FOLLOWING PAGE

EMERGENCY FORM

Please Print clearly

Student Name _____ Grade _____ DOB _____

Address _____

City _____ Zip _____

Sibling Name _____ Grade _____ DOB _____

Parent/Guardian Information – Please print clearly

Mother
Name _____

Address _____

Cell Ph # _____ Work # _____

Employer _____

Father
Name _____

Address _____

Cell Ph # _____ Work # _____

Employer _____

Child lives With ___Both Parents ___Mother ___Father ___Other

If there is someone other than the parent/guardian who may be picking up your child/children, please put their names and relationship to the child/children here:

If there are persons who **may not** pick up your child/children, please list their name and relationship to the child here _____

Does your child have any food or other allergies and does he/she take medications for these allergies? _____

3 MANDATORY EMERGENCY CONTACTS (other than parents)
Please Print Clearly

1. Name _____ Relationship _____
Address _____ City _____ St. ____ Zip _____
Home # _____ Cell # _____
Work # _____

2. Name _____ Relationship _____
Address _____ City _____ St. ____ Zip _____
Home # _____ Cell Ph# _____
Work # _____

3. Name _____ Relationship _____
Address _____ City _____ St. ____ Zip _____
Home # _____ Cell Ph# _____
Work # _____

PLEASE NOTE: Please notify the staff of any changes of your personal info, address, home, cell, or work numbers. Thank you.

Email Bills

Please notify the staff if you change your e-mail address during the school year.

Please Print Clearly

Child's Name: _____ Grade _____

E-Mail Address _____
For Billing

Parent Name _____