

## After School Registration Form

Student Name \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Name of the adult that the student lives with \_\_\_\_\_

Parents' Information:

Dad's Name \_\_\_\_\_ Place of Work \_\_\_\_\_

Dad's Work Phone \_\_\_\_\_

Mom's Name \_\_\_\_\_ Place of Work \_\_\_\_\_

Mom's Work Phone \_\_\_\_\_

If there is an emergency please call:

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Special Instructions (Allergies, medical, diet, etc.) \_\_\_\_\_

\_\_\_\_\_

Names of people who CANNOT pick up my child from the program \_\_\_\_\_

\_\_\_\_\_

I have read and understand the rules and regulations governing the After School Program. I agree to abide by all rules concerning the discipline policy, the tuition policy, and the designated pick-up hours as outlined in the handbook. I understand that all fees must be kept current. I also assume liability for accidents and injuries incurred during the After School Program. In the event of an emergency, I authorize permission to seek immediate medical attention for my child.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)