

## Before/Aftercare Registration Form

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_

In addition to the child's parents, the child named above may be picked up by the following persons:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Please provide any information that the program should have regarding the child and your family situation which is not provided on the school emergency form.

Please circle the following to indicate approximately how your child will be using the Before/Aftercare program:

Days attending:    Monday    Tuesday    Wednesday    Thursday    Friday

Times:    6:30-7:30 a.m.    2:45 p.m.-4:00 p.m.    2:45-6:00 p.m.

We agree to be responsible for the cost of the program as well as for coming on time to pick up our child. We also agree to support the school's standards of behavior which are written in the Family Handbook.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date