



Before and After School Program Registration Form

Student Name _____

Address _____

Grade Level _____ Teacher _____

Mother's Name _____

Mother's Work # _____ Cell# _____

Father's Name _____

Father's Work # _____ Cell# _____

List the names of anyone that is allowed to pick up student:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any medical conditions or special needs

Emergency Contact _____

Doctor's Name _____

Hospital Preference _____

Please Indicate:

___ Before School Only ___ After School Only ___ Before and After

I have read and understand all guidelines and procedures outlined in the Before & After School programs.

Parent's Signature _____ Date _____