



Before and After Care Registration Form

STUDENT INFORMATION		
First:	Middle:	Last:
Grade Level:		
PARENT INFORMATION		
Parent 1:	Phone Number:	
Parent 2:	Phone Number:	
My child will be attending: (Please check all that apply)		
<input type="checkbox"/> Before Care	<input type="checkbox"/> After Care	<input type="checkbox"/> After Care (Early Release Only)
AUTHORIZED PICK UP (MUST BE 18 YEARS OLD)		
Name:	Relationship:	Phone Number:
Pick Up 1:		
Pick Up 2:		
Pick Up 3:		
EMERGENCY CONTACT		
Name:	Relationship:	Phone Number:
Contact 1:		
Contact 2:		
Contact 3:		
Please List any medical or allergy needs.		