

Grade School Before- and After-School Care Program Registration Form



Student Information (Complete an Application for Each Child)

Child's Name (Last, First, Middle)	Date of Birth	Age	Grade
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Which care programs are you interested in enrolling your child?

- Before-school care (6-7:50 a.m.) When will your drop off your child? _____ a.m.
 After-school care (3-6 p.m.) When will you pick up your child? _____ p.m.

How many days a week would you like to have your child attend our program?

- 1 2 3 4 5 Occasionally

Which days of the week would you like your child to attend our program?

- Monday Tuesday Wednesday Thursday Friday

What date would you like your child to begin participating in the program?

What would you like your child to accomplish or achieve during his/her prekindergarten experience?

Medical/Emergency Information

Name of child's physician

Address _____ Phone Number _____

Preferred Hospital Name _____ Insurance Co./Policy Number _____

Address _____ Policyholder's Name _____

Please list allergies, medications, conditions, etc.

Authorization

Medical Care: I give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.

- Yes No

Is there anything else you would like us to know about your child?

Any additional comments?

Parent's/Guardian's Signature: _____ Date _____

_____ Date _____