



REGISTRATION

AFTERSCHOOL PROGRAM

Student # 1 _____ Date of Birth _____ Grade: _____

Address _____

Medicare # _____ ALLERGIES: _____

Student # 2 _____ Date of Birth _____ Grade: _____

Medicare # _____ ALLERGIES: _____

Mother/Guardian _____

Home/Cell Phone _____ Work Phone _____

Father/Guardian Name _____

Home/Cell Phone _____ Work Phone _____

Emergency Contact Name #1 _____ **PHONE #** _____

Emergency Contact Name #2 _____ **PHONE #** _____

I give the following people permission to pick up my child:

1. Name: _____ 2. Name: _____

Parent/Guardian Signature: _____ Date: _____