

BEFORE SCHOOL CARE / AFTER SCHOOL CARE

FAMILY REGISTRATION FORM
\$25 Family Registration Fee
Check # _____

FAMILY NAME: _____

Child Name: _____ HomeRoom: _____

Child Name: _____ HomeRoom: _____

Child Name: _____ HomeRoom: _____

HOME ADDRESS: _____

HOME PHONE: _____ **EMAIL:** _____

1st Parent/Guardian: _____

Cell Phone: _____

Business Phone: _____ Business EMAIL: _____

2nd Parent/Guardian: _____

Cell Phone: _____

Business Phone: _____ Business EMAIL: _____

IMPORTANT: Give the names of two adults we may contact in case of an emergency, if neither parent can be reached.

Name: _____ Phone: _____

Name: _____ Phone: _____

Child's Doctor: _____ Phone: _____

KNOWN ALLERGIES: _____