



AFTER-SCHOOL CARE REGISTRATION and EMERGENCY MEDICAL FORM

**THIS FORM MUST BE FILLED OUT AND SUBMITTED BEFORE
YOUR CHILD'S FIRST SESSION OF AFTER-SCHOOL CARE**

Student name: _____

Address: _____

Parent/guardian: _____

Best phone: _____

Parent work: _____

Emergency contact: _____
Name Phone Relationship to child

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Name Phone Relationship to child

People authorized to pick up your child (other than parent/guardian):

List any medical issues (asthma, peanut or other food allergies, etc.), and how we should handle issues during After-School Care (inhaler, etc.):
