



# After-School Care Registration and Emergency Medical Form

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**This form must be completed and submitted before  
your child's first session of After-School Care**

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Student name(s): \_\_\_\_\_

Parent name(s): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Parent(s) cell: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Workplace: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Name phone relationship to child

\_\_\_\_\_  
Name phone relationship to child

List all people who are authorized to pick up your child(ren) from After-School Care:

\_\_\_\_\_  
\_\_\_\_\_

Medical issues (asthma, peanut allergy, food allergies, bee allergies, etc.) and how we should handle issues that take place during After-School Care (inhaler, etc.):

\_\_\_\_\_  
\_\_\_\_\_