

TRINITY REGIONAL SCHOOL AFTERCARE PROGRAM STUDENT APPLICATION AND EMERGENCY FORM

Child's Name _____ Grade: _____
Date of Birth: _____ Home Phone: _____
Address: _____ NY ZIP: _____

Mother's Name: _____ Work Phone: _____
Cell Phone: _____
Place of Business: _____

Father's Name: _____ Work Phone: _____
Cell Phone: _____
Place of Business: _____

Doctor's Name & Phone: _____

**AFTERCARE WILL BE CANCELLED ON DAYS THAT SCHOOL MUST BE
DISMISSED EARLY FOR WEATHER OR OTHER EMERGENCIES.**

Please list TWO emergency contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Are there any special medical conditions we should be aware of? _____
If so, please indicate on the back of this form.

People allowed to pick up your child from aftercare:

- Attached is my non-refundable registration fee of \$30.00 (\$40.00 family)
- An activity fee of \$20 per child is due by September.
- Circle the days your child will be attending: M T W Th F
- Approximate time of pickup: _____