



Educating Mind + Heart + Spirit

## BEFORE SCHOOL CARE REGISTRATION

Family Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Student's Name(s)	Age	Grade	Circle Days
_____	_____	_____	M T W TH F
_____	_____	_____	M T W TH F
_____	_____	_____	M T W TH F
_____	_____	_____	M T W TH F

I will use this service on an occasional basis

Check Box:

Father's Name: \_\_\_\_\_

Phone (wk) \_\_\_\_\_

Phone (cell) \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Phone (wk) \_\_\_\_\_

Phone (cell) \_\_\_\_\_

Special Health Problems, Allergies, or information that needs to be noted:

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

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date