



## AFTER SCHOOL CARE REGISTRATION

Child's Name:

Grade Level:

Guardianship Status:

Parent Guardian or Primary Contact (Name):

Parent Guardian or Primary Contact (Phone):

Who will be responsible for After School Payments:

Emergency Contacts: (Parents cannot be listed as emergency contacts) Must be names of contacts that can be reached when the parents cannot be reached, in case of emergency.

NAME	Number
1.	
2.	

List any Allergies, special Health or Medical conditions:

List any Dietary Restrictions:

I grant permission for After Care to release my child to the following individuals:

I have received and reviewed a copy of the school's policies and procedures for After Care.

Signature: