

Afterschool Program
Registration Form
2014-2015

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Address _____

Home Phone _____ Cell Phone _____

Mother/Guardian _____
Name

Father/Guardian _____
Name

Persons other than parents/guardian authorized to pick up student

1. _____
Name Relationship Phone

2. _____
Name Relationship Phone

3. _____
Name Relationship Phone

Allergies/Illness/Special
Instructions _____

Please circle the days on which you need the program. We hope to accommodate as many as possible.

Please check one of the following regarding attendance:

_____ regularly _____ occasionally _____ infrequent

Day: Monday Tuesday Wednesday Thursday Friday

Pick-up Times: _____ _____ _____ _____ _____

Parent/Guardian Signature

In registering our child/ren I (we) agree to meet the financial commitment. Further, I (we) agree to abide by the guidelines established in the afterschool program's handbook and recognize that failure to do so could result in dismissal from the Afterschool Program.