

Before/After School Care Application

Family's last name: _____ Date registered: _____

Father's first name: _____ Mother's first name: _____

Street address: _____

City and state: _____ Home phone number: () _____

Father's work phone: () _____ Mother's work phone: () _____

Name and emergency phone (if parent cannot be reached)

Name: _____ Phone: () _____

Email address to receive weekly timesheet/invoice: _____

Child's full name: _____ Age: _____ Grade: _____

Allergy/medications: _____

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Allergy/medications: _____

Other adults that can sign your child out:

Approximate hours of use: _____

Special arrangements: _____
