



Student After School Registration Form

Child's Name: _____ Birth Date _____

Home Address: _____

Age: _____ Grade: _____ Homeroom Teacher: _____

Allergies or Medical Conditions: _____ (If nothing applies here, please mark N/A)

Parent/Guardian Information

Mother's Name: _____

Employer: _____ Phone: _____

Home Phone: _____ Cell Phone: _____

Father's Name: _____

Employer: _____ Phone: _____

Home Phone: _____ Cell Phone: _____

Emergency Contacts

CANNONT BE PARENT CONTACTS LISTED ABOVE / MUST HAVE AT LEAST ONE EMERGENCY CONTACT

Name: _____ Relationship (to child): _____

Phone: _____

Name: _____ Relationship (to child): _____

Phone: _____

Name: _____ Relationship (to child): _____

Phone: _____

Physician's Name: _____ Phone Number: _____

Dentist's Name : _____ Phone Number: _____