



Afternoon Care Registration Form

Name: _____ Nickname: _____ Family Name: _____ Childs D.O.B: _____

Street Address: _____ Town: _____ Home Phone: _____

Mom Name: _____ Work No. _____ Cell No. _____ E-mail _____

Dad Name: _____ Work No. _____ Cell No. _____ E-mail _____

Emergency Contacts (2)

Name: _____ Relationship: _____ Phone No. _____

Name: _____ Relationship: _____ Phone No. _____

Elementary School Name & Phone Number: _____

Days and Hours Attending

Days Attending	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

By signing this form, I acknowledge that: My child is in good health and can participate in the normal activities of the program.

Any special consideration or special needs of my child are noted below:

None

Signature: _____

Date: _____

Director: _____

Date: _____