

AFTER CARE REGISTRATION FORM

NAME OF CHILD _____ **GRADE** _____

PARENT NAME _____

PHONE NUMBER (HOME) _____
(WORK) _____
(CELL) _____

EMERGENCY CONTACT:

NAME _____

RELATIONSHIP TO CHILD _____

PHONE NUMBER _____

**INDICATE WHAT SESSION AND HOW MANY DAYS OF THAT SESSION YOU
WOULD LIKE TO HAVE YOUR CHILD ATTEND.**

EMERGENCY CARE ONLY _____

NON REFUNDABLE REGISTRATION FEE OF \$25 ENCLOSED _____

PARENT SIGNATURE _____

DATE _____