

Student Name \_\_\_\_\_

Teacher Name \_\_\_\_\_

(A separate form must be completed for each child)

(If known)

# AFTER SCHOOL CHILD CARE REGISTRATION FORM

All information requested on this form is **REQUIRED** and **must be completed in order to register**. The form will be returned and your child will not be registered until all requested information is provided.

Grade (entering in September) _____	Date of Birth _____	Gender	F	M
(select one)				

**PARENT(S) OR GUARDIAN(S) WITH WHOM THE CHILD RESIDES (PRINT Clearly)**

<b>Name</b> _____	Mother	
	Father	
	Guardian	
	(select one)	
<b>Mobile Phone #</b> ( ) _____ - _____		
<b>Day Time Phone #</b> ( ) _____ - _____ <small>(During program hours)</small>		
<b>Email Address</b> _____		
<b>Name</b> _____	Mother	
	Father	
	Guardian	
	(select one)	
<b>Mobile Phone #</b> ( ) _____ - _____		
<b>Day Time Phone #</b> ( ) _____ - _____ <small>(During program hours)</small>		
<b>Email Address</b> _____		
<b>Street Address</b> _____		
<b>City/State/Zip</b> Palmyra NJ 08065		
<b>Home Phone #</b> ( ) _____ - _____		
<b>What time do you anticipate your child will be picked up</b> _____		
<b>Signature</b> X _____		

Medical Information
If Applicable
Last Physical
/ /
Month Day Year
Check (X) if applicable
<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Convulsions
<input type="checkbox"/> Asthma
<input type="checkbox"/> Vision Problems
<input type="checkbox"/> Speech
<input type="checkbox"/> Hearing
<input type="checkbox"/> Bee Sting Allergy
<input type="checkbox"/> Emotional/Behavioral
Other _____



Your signature on this registration form means that you agree to make timely payments in accordance with program fees and have read the information contained in the Welcome Packet & agree to abide by its contents.

**EMERGENCY CONTACT/PICKUP** - Must provide at least two (2) reliable contacts (other than parent/guardian) and their telephone numbers where they can be reached **during program hours** and who are authorized to take custody of your child if parent/guardian is not available.

<b>Name</b> _____	<b>Relationship</b> _____	
<b>Day Time Phone #</b> ( ) _____ - _____		
<b>Name</b> _____	<b>Relationship</b> _____	
<b>Day Time Phone #</b> ( ) _____ - _____		

OFFICE USE ONLY	
Registration Fee Paid	_____
Prior Owed Fees	_____
Total	_____