

**Before & After School Care Registration From
2010-2011**

Please Circle One: *BEFORE CARE ONLY* *AFTER CARE ONLY* *BEFORE & AFTER CARE*

Student Information:

Last Name: _____ First Name: _____ Grade (2010-2011): _____

Sibling Information:

Sibling: _____ Grade: _____ Sibling: _____ Grade: _____

Sibling: _____ Grade: _____ Sibling: _____ Grade: _____

Parent/Guardian Information:

Mother's Name: _____

Work Phone: _____

Cell Phone: _____

Father's Name: _____

Work Phone: _____

Cell Phone: _____

Guardian's Name: _____

Work Phone: _____

Cell Phone: _____

Others Authorized To Pick Up Student:

Name: _____

Phone: _____

Phone: _____

Name: _____

Phone: _____

Phone: _____

Name: _____

Phone: _____

Phone: _____

Emergency Contact Information (Persons to be contacted if parents cannot be reached):

Name: _____

Work Phone: _____

Cell Phone: _____

Name: _____

Work Phone: _____

Cell Phone: _____

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

Month	Amount Paid	Check or Cash	Date Received	Late Fee
August				
September				
October				
November				
December				
January				
February				
March				
April				
May/June				