Before/After School Care
Registration Form
2014-2015

Please Circle:  Before Care Only  After Care Only  Before/After Care

Student Information:
HOMEROOM TEACHER: __________________________ GRADE: ______

Last Name: __________________________ First Name __________________________

ELEMENTARY SIBLINGS ONLY
Sibling: __________________________ Grade: ______
Sibling: __________________________ Grade: ______

Parent/Guardian Information:
Mother’s Name: __________________________
Work Phone: __________________________ Cell Phone: __________________________

Father’s Name: __________________________
Work Phone: __________________________ Cell Phone: __________________________

Guardian Name: __________________________
Work Phone: __________________________ Cell Phone: __________________________

Others Authorized To Pick Up Student
Name: __________________________
Name: __________________________
Name: __________________________

EMERGENCY CONTACT INFORMATION (To be contacted if parents cannot be reached)
Name: __________________________

Work Phone: __________________________ Cell Phone: __________________________