

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: \_\_\_\_\_