

**AFTER SCHOOL CHILD CARE PROGRAM
REGISTRATION FORM**

Please Print all information. One Form for each child.

Student Name _____ Grade _____
Date of Birth _____ Age _____
Home Address _____ City _____
Mother's Name _____
Phone# _____ Work# _____ Cell# _____
Father's Name _____
Phone# _____ Work # _____ Cell # _____
Child lives with: MOM _____ Dad _____ Both _____ Other _____

AUTHORIZATION FOR RELEASE

Children will be released only to those persons listed below. In case of illness, accident or an emergency, these people will be contacted when parents cannot be reached. In order to release children to anyone lese, the school must have written permission from the legal parent or guardian.

Name	Address	Phone
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Does your child need any medication while in our program? ___ Yes ___ No
If yes, Authorization for medical form must be completed. (obtain from the school office)
Designate medication _____
Does your child have any medical problems of which we should be aware?
___ Yes ___ No
If Yes, Please Specify _____
Family Physician _____ **PHONE** _____

IN CASE OF EMERGENCY, 911 WILL BE CALLED AND
YOUR CHILD WILL BE TAKEN TO THE NEAREST HOSPITAL IF DEEMED NECESSARY.