
**AFTER SCHOOL PROGRAM
REGISTRATION FORM 2011-2012**

Enrollment Date _____ Disenrollment Date _____
Updated _____

School _____
Grade _____

Name of Child _____ M F (Circle)
Child's home address _____
Home phone _____ Child's date of birth _____

Food allergies _____
Any allergies we need to be aware of _____
Medicine allergies _____
Medical conditions _____
If so, please provide written instructions from Child's health care provider or physician.
Written instructions for nutritional/dietary needs _____

Child lives with **(please circle)** Father Mother Other (specify) _____

Mother's name _____
Address _____
Home phone _____ Cell phone _____
Work phone _____
Work address _____

NUMBER YOU PREFER TO BE REACHED AT _____

Father's name _____
Home address _____
Home phone _____ Cell phone _____
Work phone _____
Work address _____

NUMBER YOU PREFER TO BE REACHED AT _____

Step father's name _____ home phone _____
cell _____

Step mother's name _____ home phone _____
cell _____

Individuals Authorized by Parent/Guardian to collect child from our facility in the event that the parent cannot be reached:

1. Name _____ Relationship to child _____
Address _____
Phone _____

2. Name _____ Relationship to child _____
Address _____
Phone _____

The following individuals **ARE NOT PERMITTED** to remove my child from this facility:

1. Name _____ Relationship to child _____
Address _____
Phone _____

2. Name _____ Relationship to child _____
Address _____
Phone _____

It is your responsibility to keep your information current and keep the After School Program notified of any and all changes.