



AFTER CARE REGISTRATION 2021-2022

Family last name: _____

Parent/Guardian: _____

Address:

Home Phone: _____

Day Phone: _____

Mobile Phone: _____

Child(ren)'s Name(s):

Child(ren)'s Grade(s):

In case of emergency, do the following:

Additional emergency contacts and phone numbers:

Insurance Coverage:

Special Information about the child(ren):

Who will pick up the child(ren)?:

Approximate time?:
