

AFTER SCHOOL CARE REGISTRATION AND EMERGENCY FORM

Date: _____

Student Name: _____ **Grade:** _____

Address: _____

Name of person who will usually pick up student:

Approximate time of student pick up: _____

Home Telephone: _____

Mother's Work: _____ **Cell:** _____

Father's Work: _____ **Cell:** _____

If parents cannot be reached, please contact:

_____ **Telephone:** _____

_____ **Telephone:** _____

List names of persons allowed to pick up this child:

List name(s) of any person(s) NOT allowed to pick up this child:

Does this child have any medical condition(s) / allergies the staff should be aware of?

Is this child currently on any medication?
