

2017-2018 After School Program REGISTRATION

Part I: STUDENT INFORMATION: *(PLEASE PRINT CLEARLY & COMPLETE ALL REQUESTED INFORMATION)*

Name of Child: _____
Last First

Permanent Address:

Number and Street City State /Zip

Home Phone #: _____ **Cell #:** _____

Date of Birth ____/____/____ **Grade** _____
Month Day Year

Days Attending _____

Part II: FAMILY DATA: (Please complete all information)

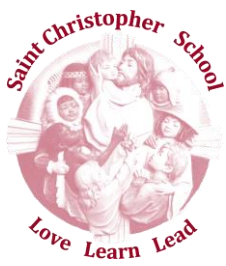
Mother's / Guardian's Name	Father's / Guardian's Name
Street Address:	Street Address:
City/State/Zip Code:	City/State/Zip Code:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Work Phone:	Work Phone:
Occupation:	Occupation:
Employer:	Employer:

Part III: EMERGENCY CONTACT

Name _____

Address _____
Number and Street City State /Zip

Phone _____
Home Cell Work



Part IV: MEDICAL INFORMATION

Physician _____

Address _____
Number and Street City State /Zip

Phone _____

Allergies _____

Other Medical Conditions _____

Insurance Company _____
Name Policy #

Other than parent / legal guardian, who will have permission to pick up your child from the After School Program?

The After School Program staff is unable to release any child/children to someone other than a parent or guardian without written permission. Please complete the following items to indicate those individuals who have permission to pick up your child/children from the After School Program.

1. _____
(Name and relation to the child)

Phone: _____

2. _____
(Name and relation to the child)

Phone: _____

3. _____
(Name and relation to the child)

Phone: _____

If there is a change in permission for any individual, I will inform the ASP staff in writing.

Parent / Legal Guardian Signature _____

Date _____