

# BEFORE & AFTER SCHOOL PROGRAM

2019-2020 Registration Form

## General and Emergency Pickup Information

All sections of this form must be completed  
\*\*\*PLEASE PRINT\*\*\*

School Name: \_\_\_\_\_

Please check the program in which the student(s) will enroll:

Full-time (4-5 days/week)	Part-time (1-3 days/week)
<input type="checkbox"/> Before and After Care*	<input type="checkbox"/> Before and After Care*
<input type="checkbox"/> After Care*	<input type="checkbox"/> After Care*
<input type="checkbox"/> Before Care*	<input type="checkbox"/> Before Care*

\*Please see attached weekly rate schedule

### CHILD INFORMATION

Child (1) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Circle One: BOY GIRL Date of Birth: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_

In order to best meet past your child's needs, we require that you list any special needs that your child may have, such as physical limitations, allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information of which the staff should be aware:

Check Box if child has NO SPECIAL NEEDS or ILLNESSES

Child (2) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Circle One: BOY GIRL Date of Birth: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_

In order to best meet your child's needs, we require that you list any special needs that your child may have, such as physical limitations, allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information of which the staff should be aware:

Check Box if child has NO SPECIAL NEEDS or ILLNESSES

Child (3) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Circle One: BOY GIRL Date of Birth: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_

In order to best meet your child's needs, we require that you list any special needs that your child may have, such as physical limitations, allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information of which the staff should be aware:

Check Box if child has NO SPECIAL NEEDS or ILLNESSES

**2019-2020 BEFORE AND AFTER SCHOOL PROGRAM  
Registration Form- Page 2**

**Office Use Only:**

Received by: \_\_\_\_\_  
Date: \_\_\_\_\_

Entered in EZCare  
 Registration fee payment received

**PARENT/GUARDIAN INFORMATION**

**Primary Parent/Guardian:**

\*Person listed as Primary Guardian will be the sole person authorized to request changes to information and/or cancellation of care as well as responsible for payment.

Parent/Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Authorized to Pick-up: Circle One YES NO

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Allow for Texts (Y or N): \_\_\_\_\_

**Secondary Parent/Guardian:**

Please check box if secondary parent is authorized to make changes to childcare account or if responsible for payment

Parent/Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Authorized to pick up: Circle One YES NO

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Allow for Texts (Y or N): \_\_\_\_\_

**EMERGENCY CONTACT / AUTHORIZED PICK-UPS**

**\*\*MUST LIST AT LEAST ONE EMERGENCY CONTACT OTHER THAN THE PARENTS LISTED ABOVE\*\*  
LOCAL PERSON OTHER THAN THOSE LISTED ABOVE TO CONTACT IN CASE OF EMERGENCY IF PARENT/LEGAL GUARDIAN CANNOT BE REACHED: (The individual authorized to pick up your child must be at least 16 years of age & possess a valid state-issued ID.)**

Emergency Contact (1) Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact (2) Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact (3) Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*I have received, read, and acknowledged the **Parent Handbook** including **Discipline Procedures, Fees and Payment Policies, Payment Schedule (located on the school's website), Late Payment Fee information** and the **Late Pick-Up Fee** of \$10.00 per child starting at 6:30PM upon registering my child in the Before and/or After Care Learning Programs.*

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_