



TIMOTHY CHRISTIAN SCHOOL CHILD CARE After School Care Registration Form

1. CHILD INFORMATION:

Full Name _____ Home Phone _____ Today's Date _____

Address _____ Town _____ Zip _____

Birthdate _____ Grade (going into) _____

Child's interests _____

Allergies or medications _____

Please tell us anything about your child that you think would be helpful for us to know:

2. FAMILY INFORMATION: Parent(s) or Guardian(s) with whom child lives:

Name _____ Business / Company Name _____

Business Address _____

Work Phone _____ Pager _____ Cell Phone _____

Email address _____

Name _____ Business / Company Name _____

Business Address _____

Work Phone _____ Pager _____ Cell Phone _____

Email address _____

Sibling's names and ages _____

3. ATTENDANCE: Please mark all sessions that your child will attend.

Days: Mon. Tues. Wed. Thurs. Fri.

Occasional Care: _____

4. PERSON(S) AUTHORIZED TO PICK UP MY CHILD (other than parent or guardian):

NAME	RELATION TO CHILD	PHONE #	CELL #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. SIGNATURE: I have read and agree to follow the TCS handbooks and policies.

Parent Signature: _____ Date: _____