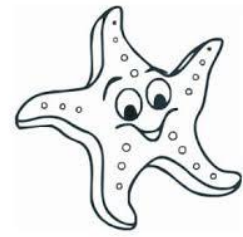


**Marigny Elementary School
Before and After School Care
Registration Form**



Student's Name: _____ Grade: _____

School Student Attends: _____ Teacher: _____

Please check all that apply.

My child will attend Before Care:

_____ every morning or M _____ T _____ W _____ Th _____ F _____

My child will attend After Care:

_____ every afternoon or M _____ T _____ W _____ Th _____ F _____

Parent Email: _____

Home Address: _____

Parent/Guardian: _____

Mother's cell# _____ Father's cell# _____

Mother's work# _____ Father's work# _____

Emergency Contacts/Persons approved to pick up child

Name: _____ Home # _____ Cell # _____

Name: _____ Home # _____ Cell # _____

Name: _____ Home # _____ Cell # _____

Allergies: _____

Having read and agreed to the conditions listed in the Before Care and After Care handbook, I would like to enroll my child in the Marigny Elementary Child Care Program.

Parent/Guardian Signature: _____

Office Use Only:

Date Received: _____

Registration Fee Received: _____ **Cash** _____ **Check** _____ **Online** _____