

O'Fallon CCSD #90
Before And After Care Program Registration Form 2026-2027

Please Print:

Student's Name: _____ DOB: _____ Age: _____

Home Address: _____ Phone: _____

Email Address: _____ Grade: _____ Home School: _____

PARENT/ GUARDIAN INFORMATION:

Adults with whom the child lives:

1. _____
First Name Last Name Relationship to child

Place of employment Work Phone Number Cell Phone

2. _____
First Name Last Name Relationship to child

Place of employment Work Phone Number Cell Phone

Is there someone who, by court order, is not permitted to be in contact with this child?

☐ yes ☐ No

If yes, please fill out the following information and provide a copy of the court order.

Name Address Relationship to child

EMERGENCY CONTACTS (in the event you cannot be reached)

Name Relationship to child Phone Number

1. _____

2. _____

3. _____

OTHER:

Does your child have a disability or active IEP? ☐ Yes ☐ No If yes, explain _____

Does your child require any special accommodations or modifications in the classroom? Explain

Please list any medical conditions, current medications, or allergies: _____

I understand the Before and After Care Handbook contains all policies and procedures for participating in the O'Fallon CCSD #90 school age care programs. I have received a copy of the handbook and understand it is my responsibility to read and become familiar with the policies and procedures detailed within. Additionally, I agree to follow all billing and payment procedures required for my child's participation in the program. My child will adhere to the same behavioral expectations as during the school day; including but not limited to dress code, school rules, and conduct. Families will be removed from the program in the event the district policies and procedures are not followed.

Signature _____ Date: _____

Please Circle Program Times:

AM Care Only

After Care Only

Both Before and After Care

Days of the week: M T W TH F

Office Use only: Date and Time _____