

Before and After Care Application

2026-2027

Student's Name: _____

Grade for 2026/2027: _____

Please Circle:

Days Attending **Morning Care**: M T W TH F

Days Attending **After Care**: M T W TH F

Medical Concerns/Allergies: _____

Mother's Name: _____

Cell Phone: _____ Work Phone: _____

Father's Name: _____

Cell Phone: _____ Work Phone: _____

Emergency Contact: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Relationship to student: _____

Additional individuals that have permission to pick up your child: (ID will be checked. Must be at least 18 years old)
