

FOR OFFICE USE ONLY

Date Received: _____ Amount: _____ Grade: _____ Start Date: _____



LYNN FANNING ELEMENTARY SCHOOL

2026-2027 After-School Care Registration Form

STUDENT INFORMATION

Child's Name: _____

Date of Birth: _____

Grade: _____ Teacher: _____

Home Address: _____

PARENT / GUARDIAN INFORMATION

Parent/Guardian 1 Name: _____

Phone Number: _____

Alternate Number: _____

Email: _____

Parent/Guardian 2 Name: _____

Phone Number: _____

Alternate Number: _____

Email: _____

AFTER-SCHOOL ATTENDANCE SCHEDULE

Please select the days your child will attend:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

MEDICAL INFORMATION

Does your child have any medical conditions or allergies (food, insect, etc.)?

☐ Yes ☐ No

If yes, please explain:

Is your child covered by insurance?

☐ Yes ☐ No

Insurance Company: _____

Policy Number: _____

Physician's Name: _____

Physician's Phone Number: _____

FAMILY INFORMATION

Names of Siblings:

Authorized Pick-Up Persons (Other Than Parents):

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Emergency Contacts (Other Than Parents):

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

RESTRICTED PICK-UP

Is there anyone who should NOT pick up your child?

☐ Yes ☐ No

If yes, please list names:

AGREEMENTS & SIGNATURES

I have received a copy of the Lynn Fanning Elementary School After-School Care Program policies and agree to comply with all rules and regulations.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____

I understand that the Lynn Fanning Elementary School After-School Care Program does not provide accident or medical insurance and that I am responsible for any and all medical expenses incurred due to injury while in the program.

Parent/Guardian Signature: _____

Date: _____

I understand that all tuition and fees for the Lynn Fanning Elementary School After-School Care Program are due weekly, regardless of attendance, and that withdrawal from the program requires a two-week written notice. I also understand that a late fee of \$5 will be assessed each week payment is late.

Parent/Guardian Signature: _____

Date: _____