

**WEYMOUTH TOWNSHIP SCHOOL DISTRICT
BEFORE-SCHOOL/AFTER-SCHOOL CARE PROGRAM
REGISTRATION FOR SCHOOL YEAR: _____**

Name of Parent completing form: _____
(please print)

Child(ren) Name(s)

1st Child: _____ Grade: _____

2nd Child: _____ Grade: _____

3rd Child: _____ Grade: _____

4th Child: _____ Grade: _____

Name of Parent(s): _____

Home Address: _____

Emergency Number to be used during the Program Hours (7:00 a.m. – 8:20 a.m. &/or 2:55-5:30 p.m.)

Contact Name #1: _____ Phone #: _____

Contact Name #2: _____ Phone #: _____

Contact Name #3: _____ Phone #: _____

My child(ren) may only be released to the following individuals unless notified in writing (print):

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

I anticipate my child will attend the BSC (7:00 a.m.-8:20 a.m.) program _____ days per week.

I anticipate my child will attend the ASC (2:55 p.m.-5:30 p.m.) program _____ days per week.

HEALTH INFORMATION

My child _____ is allergic to: _____

USE OTHER SIDE OF REGISTRATION FORM TO ADD ADDITIONAL CHILDREN OR INFORMATION AS NEEDED.

Other Health Information that the program should know: _____

Parent Signature: _____ Parent Signature: _____