

**AFTER CARE REGISTRATION FORM**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Emergency Contact (other than parent/guardian): \_\_\_\_\_

Phone: \_\_\_\_\_

Persons (other than parent/guardian) designated to pick up your child:

\_\_\_\_\_  
\_\_\_\_\_

If someone other than those designated comes to pick up your child, the child will not be released without a note signed by the parent/guardian.

Child's Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medication child is taking, reason, and possible side effects:

\_\_\_\_\_  
\_\_\_\_\_

Allergies or Dietary Restrictions:

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any special needs or behaviors we might anticipate? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Special interests/activities your child enjoys: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_