

# Before and Aftercare Registration Form: 2018-2019

1. Name of Student(s): \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Grade: \_\_\_\_\_

a. Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Home Phone: \_\_\_\_\_ Cell number: \_\_\_\_\_

2. Parents Names (Guardians):

a. \_\_\_\_\_ C- \_\_\_\_\_  
\_\_\_\_\_ W- \_\_\_\_\_  
b. \_\_\_\_\_ C- \_\_\_\_\_

3. Insurance Policy Number:

\_\_\_\_\_

4. Preferred Hospital:

\_\_\_\_\_

5. Allergies:

\_\_\_\_\_

6. Medical Conditions:

\_\_\_\_\_

\_\_\_\_\_

7. Special Needs:

\_\_\_\_\_

8. Emergency Contact Information: (other people allowed to pick up your child(ren))

a. Names:	Numbers:
_____	_____
_____	_____
_____	_____
_____	_____

Office Use:

\$30 Registration Fee pd  
Registration Form

Tuition Package  
Number of hours

I have read through and agree that all the information listed is current or have made changes to make it current.

Parent Signature

Date:

2018-2019: \_\_\_\_\_

2019-2020: \_\_\_\_\_

2020-2021: \_\_\_\_\_

2021-2022: \_\_\_\_\_

2022-2023: \_\_\_\_\_

2023-2024: \_\_\_\_\_

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