



Educating Mind + Heart + Spirit

## AFTER SCHOOL CARE REGISTRATION 2024-2025

Family Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone (wk.): \_\_\_\_\_

Phone (cell): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone (wk.): \_\_\_\_\_

Phone (cell): \_\_\_\_\_

| Name(s) of Children | Age   | Grade | Circle Days |
|---------------------|-------|-------|-------------|
| _____               | _____ | _____ | M T W Th F  |
| _____               | _____ | _____ | M T W Th F  |
| _____               | _____ | _____ | M T W Th F  |
| _____               | _____ | _____ | M T W Th F  |

After School Activities: Must notify ASAP staff for your child to be released

| Name(s) of Children | Activity | Circle Days |
|---------------------|----------|-------------|
| _____               | _____    | M T W Th F  |
| _____               | _____    | M T W Th F  |
| _____               | _____    | M T W Th F  |
| _____               | _____    | M T W Th F  |

All **Local** Persons Authorized to Pick Up:

| Name  | Relationship | Contact Number |
|-------|--------------|----------------|
| _____ | _____        | _____          |
| _____ | _____        | _____          |

Special Health Problems, Allergies or Information that needs to be noted: \_\_\_\_\_

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date