



# WE ARE: GRACE: GOLD

*Join us for a GRACE-filled summer!*

Family Name:

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## BEFORE & AFTER SCHOOL CARE PROGRAM REGISTRATION

Persons Authorized to Pick Up Child(ren)			
Name (First, Last, MI)	Home Address (Street, City, Zip)	Home Phone #	Work Phone #

Emergency Contact (when parent/guardian cannot be reached)						
Relationship to Child	Name (First, Last, MI)	Home Address (Street, City, Zip)	Home Phone #	Work Place Name and Address	Work Phone #	Authorized to Pick up? (Y/N)

Please write the name of each child that plans to attend Before & After School Care below. On the following chart, mark each child's number by the week selection and time slot they will require care. Use an "x" if the selection is the same for all children listed below. Also please circle the dates your child will attend each Before & After School Care session for each selected week.

Child #1: \_\_\_\_\_

Child #3: \_\_\_\_\_

Child #2: \_\_\_\_\_

Child #4: \_\_\_\_\_

**Before & After School Care Week Selection**

	Week 1 Jul. 9-13	Week 2 Jul. 16-20	Week 3 Jul. 23-27	Week 4 Jul. 30-Aug. 3
Before School 7-8 A.M.				
	M T W Th F	M T W Th F	M T W Th F	M T W Th F
After School 3-4 P.M.				
	M T W Th F	M T W Th F	M T W Th F	M T W Th F
After School 3-5 P.M.				
	M T W Th F	M T W Th F	M T W Th F	M T W Th F

Other information you'd like to share with us that would be important when caring for your child: