

ABUNDANT LIFE
BEFORE & AFTER SCHOOL CARE
"OWL CARE"

OFFICIAL USE ONLY
Registration Paid _____
Amount _____
Check No. _____
Cash _____
Date _____
Year _____

REGISTRATION FORM

(Please return this form along with the \$25.00 {per family} registration fee to the office)
(If a family has more than one child, you may put them all on one form)

Child's Name: _____ Grade: _____

Father's Name: _____ Employment: _____

Contact Number: _____

Mother's Name: _____ Employment: _____

Contact Number: _____

Name of Person Paying the Bill: _____

Address: _____ City: _____ Zip: _____

EMERGENCY/MEDICAL INFORMATION

List any Allergies or Medical Conditions: _____

Emergency Contacts (If Parents cannot be contacted):

Name: _____ Relationship: _____

Contact Number: _____

Name: _____ Relationship: _____

Contact Number: _____

Name: _____ Relationship: _____

Contact Number: _____

(Finish on Back →)

CHILD PICK-UP INFORMATION

The following people have permission to pick up the child/children indicated on the front:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Person(s) Not Allowed to pick up the child/children indicated on the front: Must Have Legal Documentation

Name: _____ Relationship: _____

Name: _____ Relationship: _____

IMPORTANT INFORMATION

- Please call the School Office 501.835.3120 ASAP if anyone, not listed above, will be allowed to pick up your child/children.
- Please make sure that your child/children understand(s) that he/she is expected to obey all rules and instruction given, and he/she will not be allowed to attend Abundant Life Before and After School Care if he/she is unable to cooperate.
- For minor discipline problems, a child will have to sit away from the other children for a reasonable amount of time. Parent will be notified of frequent discipline problems or those of a more serious nature.
- Abundant Life Before and After School Care staff is authorized to seek emergency medical assistance for your child/children if all persons on this sheet cannot be contacted.

By signing your name below, you agree to the above conditions

*Parent/Guardian Signature: _____