



Before and After Care Registration Form

Parent/Guardian Information:

(1) Parent Name:	Parent DOB:	Email:
Phone Number:	Alternate Number:	Complete Address:
(2) Parent Name:	Parent DOB:	Email:
Phone Number:	Alternate Number:	Complete Address:

Scholar(s) Information:

(1) Scholar's Full Name:	Scholar's DOB:	Scholar's Grade:
(2) Scholar's Full Name:	Scholar's DOB:	Scholar's Grade:
(3) Scholar's Full Name:	Scholar's DOB:	Scholar's Grade:
(4) Scholar's Full Name:	Scholar's DOB:	Scholar's Grade:

Additional authorized pick-up:

Name:	DOB:	Email:
Name:	DOB:	Email:
Name:	DOB:	Email: