



After-School Care Registration and Emergency Medical Form

**This form must be filled out and submitted before
your child's first session of After-School Care**

Student name(s): _____

Parent name(s): _____

Mailing address: _____

Parent(s) cell: (_____) _____ (_____) _____

Workplace: _____ (_____) _____

Emergency contact: _____

Name phone relationship to child

Name phone relationship to child

List all people who are authorized to pick up your child(ren) from After-School Care:

Medical issues (asthma, peanut allergy, food allergies, bee allergies, etc.) and how we should handle issues that take place during After-School Care (inhaler, etc.):

