



A NATIONAL BLUE RIBBON SCHOOL

Aftercare Registration Form

Child(ren) Name _____

Grade(s) _____

Parent Name _____

Daytime Telephone Numbers _____

Emergency Telephone Numbers _____

Person(s) Authorized To Pick Up Your Child _____

Medical Information/Allergies _____

How Often Will You Need This Service?

_____ Daily

_____ 2-3 Days/Week

_____ On Occasion