

BEFORE/AFTER SCHOOL REGISTRATION

PERSONAL INFORMATION

Student's Name _____ Male (Circle One) Female

Street Address _____ City _____ Zip _____

Email _____

Mother's Name _____ Resides with child? Yes No Restricted Contact *Yes No

Father's Name _____ Resides with child? Yes No Restricted Contact *Yes No

Mother's Contact Number _____ Father's Contact Number _____

Child's Date of Birth _____ Registering for _____ 7:15-8:15 am _____ 3-5:30 pm

Please circle days planning on attending Mornings M T W R F Afternoons M T W R F
Mornings only--\$80/month Afternoons only--\$150/month Before and after school--\$200/month

EMERGENCY CONTACT INFORMATION

Please list emergency contacts in the order that you would like for them to be called.

NAME	CONTACT NUMBER	RELATIONSHIP TO STUDENT

ALLERGIES

Does your child have any allergies? **Yes** (circle one) **No** Special Concerns/Medical Conditions **Yes** (circle one) **No**

If so, please list:

DISMISSAL CONTACTS

Please list the adults that are authorized to pick your child up from the School of Early Learning.

NAME	CONTACT NUMBER	RELATIONSHIP TO STUDENT