



Before & After School
REGISTRATION & CONTACT FORM

STUDENT INFORMATION

*STUDENT NAME _____ GRADE _____

*STUDENT NAME _____ GRADE _____

*STUDENT NAME _____ GRADE _____

*STUDENT NAME _____ GRADE _____

My child will be attending _____ Before School (7-8am) _____ After School (3:00 – 5:30 pm)

PARENT/GUARDIAN INFORMATION

*MOTHER'S NAME _____ *FATHER'S NAME _____

*MOTHER'S CELL # _____ *FATHER'S CELL # _____

*MOTHER'S HOME # _____ *FATHER'S HOME # _____

*MOTHER'S WORK # _____ *FATHER'S WORK # _____

*EMPLOYER _____ *EMPLOYER _____

In the event of an emergency, and I cannot be reached, the following persons should be contacted and have permission to pick up my child:

NAME _____ PHONE _____ RELATIONSHIP _____

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NAME _____ PHONE _____ RELATIONSHIP _____

Are there any medical concerns the staff of the BSP/ASP should be aware of? ___ Yes ___ No

PLEASE EXPLAIN:

***All financial arrangements for Before and After School care should be arranged with the principal. Bills are generated monthly for days used. Payment is expected with-in 7 days of billing.**

PARENT/GUARDIAN SIGNATURE _____ DATE ___/___/___