

# Beforecare/Aftercare Registration Form



Students will **not be admitted** into AM Supervision or our Aftercare program without completion of this form! Please note, there is a **\$10.00 registration fee**.

<b>Student Name:</b>	<b>Grade:</b>
<b>Student Name:</b>	<b>Grade:</b>
<b>Student Name:</b>	<b>Grade:</b>
<b>Father's Name:</b>	<b>Father's cell #: (    )</b>
<b>Father's work #: (    )</b>	<b>Father's Home #: (    )</b>
<b>Mother's Name:</b>	<b>Mother's cell #: (    )</b>
<b>Mother's work #: (    )</b>	<b>Mother's Home #: (    )</b>
<b>EMERGENCY CONTACTS: PLEASE INFORM PEOPLE YOU LIST AS EMERGENCY CONTACTS!</b>	
<b>EMERGENCY CONTACT: cell #: (    )</b>	<b>RELATIONSHIP TO CHILD</b>
<b>EMERGENCY CONTACT: cell #: (    )</b>	<b>RELATIONSHIP TO CHILD</b>

If emergency treatment is required and the parent/guardian cannot be reached immediately, your signature below will empower us to have your child taken to the hospital. Please indicate the hospital and family doctor of your choice,

Parent/Guardian Signature: \_\_\_\_\_

Hospital: \_\_\_\_\_ Doctor: \_\_\_\_\_

Please list any known allergies:

\_\_\_\_\_

Other Concerns: \_\_\_\_\_