

After school club registration form

Student's Name

Student's Birth Date

Student's Grade

Kindergarden ▼

Which selection will your student attend?

- ☐ full time before school care only
- ☐ full time after school time only
- ☐ full time before and after school care
- ☐ drop in before and /or after school care

Please indicate any known allergies or special needs

Parent/Guardian Name

Parent/Guardian Number

Additional Phone Number

Email

Authorized Pick Up List

Name

Phone

Relation to student

Add more

SEND