

2025 – 2026 After-Care Registration

PLEASE PRINT IN ALL AREAS BELOW:

Student Name: _____ Grade: _____

Mother Name: _____

Mother phone: _____

Father Name: _____

Father Phone: _____

People other than parents authorized to pick child up:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Please list any special health issues: _____

Does your child have medication in the office? _____yes _____no

Do you want us to help your child with his/her homework? (Please circle one) **YES** **NO**

Other helpful information: _____
