2025 – 2026 Before-Care Registration

PLEASE PRINT IN ALL AREAS BELOW:

Student Name: _____ Grade: _____

Mother Name: _____

Mother phone: _____

Father Name: _____

Father phone: _____

Please list any special health issues/allergies:

_____

_____

_____

Does your child have medication in the office? _____yes _____no

Other helpful information:

_____

_____

_____