

After school care registration form

CHILDS NAME _____ GRADE 2020-2021 _____

DOB _____ HOME PHONE _____

MOTHERS NAME _____ CELL _____

PLACE OF EMPLOYMENT _____ WORK _____

FATHERS NAME _____ CELL _____

PLACE OF EMPLOYMENT _____ WORK _____

PERSON(S) TO BE CONTACTED IN CASE OF AN EMERGENCY OTHER THAN PARENTS

1. _____ RELATION _____

2. _____ RELATION _____

AUTHORIZATION IS GIVEN TO ACA STAFF TO RELEASE MY CHILD TO THE FOLLOWING:

1. _____ RELATION _____

2. _____ RELATION _____

LIST ANY ALLERGIES OR MEDICAL CONDITIONS; _____

CAN YOUR CHILD BE GIVEN TYLENOL? _____ YES _____ NO

By signing you acknowledge and agree to after care procedures and guidelines that you were notified of. PARENT/

GUARDIAN SIGNATURE _____

DATE _____

