

# AFTERCARE REGISTRATION

Student Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**Purpose:** To enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured while attending the Aftercare Program, when parents/guardians cannot be reached.

## Residential Parent or Guardian:

Mother's Name \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

**Name of Relative or Childcare Provider who lives locally - to be notified in case parent/guardian cannot be reached. THIS MUST BE COMPLETED.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted: \_\_\_\_\_

\*\* Registration Fee is \$25.00 per family.

\*\* There will be a late charge of \$1.00/minute for late pickups after 6PM.