

BEFORE AND AFTER SCHOOL REGISTRATION FORM

Child Information			
First Name	Last Name	Grade	Gender

Before / After School Requirements		
Select Day	Select Before and/or After	Frequency

Primary Parent/Guardian		Secondary Parent/Guardian	
First Name		First Name	
Last Name		Last Name	
Street Address		Street Address	
City		City	
State	Zip Code	State	Zip Code
Phone Number		Phone Number	
Email Address		Email Address	

Signature Date:

Signature: