



After School Program

General Info		
1st Parent Name		relationship
2nd Parent Name		relationship
Address		
City	State	Zip
Home phone:		

Childs's Info		
Name		DOB
Name		DOB
Name		DOB
<i>School</i>		
<i>Address</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>

Emergency Info		
Parent		Cell phone
Parent		Cell phone
1st Emergency contact		phone
2nd Emergency contact		phone

Join Our mailing list		
Email:		
Email:		

Signature

Date