

# After School Care Registration



Note: State regulations require one form to be submitted for each child's ASC enrollment

**Yes**, we plan to use ASC on: M T W Th F

**No**, we don't plan to use ASC (just in case of emergency)

CHILD'S NAME

BIRTHDATE

GRADE

## Contact Information

ADDRESS

HOME PHONE

MOTHER'S NAME

CELL PHONE

EMPLOYER

WORK PHONE

FATHER'S NAME

CELL PHONE

EMPLOYER

WORK PHONE

PERSONS (BESIDES PARENTS) WHO MAY PICK UP CHILD

RELATIONSHIP

PHONE

PERSONS WHO MAY **NOT** PICK UP CHILD

RELATIONSHIP

In the event of an accident or serious illness when I cannot be reached, I wish one of those on this list to be notified. They are authorized to act in my absence. If attempts to contact me and the authorized adults have been unsuccessful, I hereby give my consent for my child to be taken to the nearest emergency room for treatment.

PREFERRED HOSPITAL

DOCTOR'S NAME

DOCTOR'S PHONE

INSURANCE COMPANY

INSURANCE POLICY #

Please describe any pertinent medical information regarding your child/children:

PARENT OR GUARDIAN SIGNATURE

DATE

After completing this form, please print a copy and return to Jennifer Williams in the After School Care Program.