



2018-2019 After School Program

Child's Information

Program Start Date: _____

First AND Last Name: _____ School: _____

Address: _____ City/State/Zip: _____

Gender: Male or Female Age: _____ Date of Birth: _____ Grade: _____

Child lives with: mother father both other: _____

Parent/Legal Guardian

First AND Last Name: _____

Address: _____

Relationship to child: _____ Cell #: _____

Place of work: _____ Work #: _____

Email: _____

Parents/Legal guardian listed above will be automatically registered for the Remind texting system to receive alerts pertaining to information regarding Day Camp information, Kids Night Out, & your child's After School account

Parent/Legal Guardian

First AND Last Name: _____

Address: _____

Relationship to child: _____ Cell #: _____

Place of work: _____ Work #: _____

PLEASE CIRCLE: Register the above parent/guardian for the Remind texting app to receive texts pertaining to CHILD/PROGRAM INFORMATION and/or ACCOUNT INFORMATION

Emergency Contact

Additional person in case of emergency. DO NOT list parent/legal guardians.

First AND Last Name: _____

Address: _____

Relationship to child: _____ Cell #: _____

Place of work: _____ Work #: _____

PLEASE CIRCLE: Register the above contact for the Remind texting app to receive texts pertaining to CHILD/PROGRAM INFORMATION and/or ACCOUNT INFORMATION

Authorized Pick-Up

Additional people authorized to pick up my child other than those listed above.

First AND Last Name: _____

Relationship to child: _____ Cell #: _____

First AND Last Name: _____

Relationship to child: _____ Cell #: _____

First AND Last Name: _____

Relationship to child: _____ Cell #: _____