

# KANSASVILLE CARE BEFORE/AFTER SCHOOL

## Registration Form 2018-2019

1. Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_
2. Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_
3. Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_
4. Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

### Parent/Guardian Contact Information:

Primary Contact Number during program hours (list one): \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact Information (other than the above listed) **MUST** be able to pick up child within 30 minutes.

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Authorized Pick-Up (other than the above listed) authorized pick-up person may be asked to present photo ID.

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_