

KANSASVILLE CARE BEFORE/AFTER SCHOOL

Registration Form

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: _____