

SIBLINGS:

Name: _____ Grade _____ School: _____

Name: _____ Grade _____ School: _____

Name: _____ Grade _____ School: _____

BEFORECARE & AFTERCARE*

Please see flyer included with registration packet for details concerning BeforeCare and AfterCare.

Please register my child for: _____ BeforeCare

_____ AfterCare

*Please note that even if you do not plan on using either of these services on a daily basis, it is best to have your child's information on file for emergency or as-need situations.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____