



After Care Program Enrollment Form

FAMILYNAME: _____

Primary contact name: _____

Relation to student: _____

Home phone: _____ Work phone: _____

Home address: _____

Alternate phone: _____

Preferred contact number: **H W A** (circle one)

Secondary contact name: _____

Relation to student: _____

Home phone: _____ Work phone: _____

Home address (if different from above): _____

Preferred contact number: **H W A** (circle one)

Emergency contact name: _____

Relation to student: _____

Home phone: _____ Work phone: _____ Alt Phone: _____

Preferred contact number: **H W A** (circle one)

STUDENT(S) INFORMATION:

Student name: _____

Grade / teacher: _____

Student name: _____

Grade / teacher: _____

Student name: _____

Grade / teacher: _____

Student name: _____

Grade / teacher: _____

TRANSPORTATION :

Please list the names and phone numbers of those authorized to pick up your student(S):

Name: _____ Number _____

Name: _____ Number _____

Name: _____ Number _____