

Before School Care Program registration form must be filled out before a child can participate in the Before School Care Program.

Child's name _____ Grade _____

Parent's name _____

Address _____

Telephone numbers:

Work: _____ Home: _____ Cell: _____

Days needed (Please check)

5-day program _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Known Allergies _____