

University School Afterschool Program Registration



Child

Child's Name: _____

Grade Level: _____

Parent/Guardian

Guardian _____ Email _____

Home Address _____ City/Zip _____

Cell Phone _____ Work Phone _____

Guardian _____ Email _____

Cell Phone _____ Work Phone _____

Emergency Contact (other than guardians)

Name _____ Relationship _____

Cell Phone _____ Work Phone _____

Pick-Up List (Child cannot leave the program without written permission or phone call from guardian. Picture ID will be checked).

Name _____ Phone _____

Name _____ Phone _____

Health Concerns Please list any physical, medical, behavioral, emotional or other needs.

Allergies

Registration Information

For planning purposes please indicate the days you plan to enroll your child. You will only be charged for the days that your child attends afterschool. Please circle below:

Full Time (M-F)

Part Time (circle days): Monday Tuesday Wednesday Thursday Friday

Drop-In Care (please provide written notice if possible)

Guardian's Signature _____ Date _____