



After School Program Registration

Student's Name: _____

Room: _____ Grade: _____ Date: _____

Parent's Signature: _____

Telephone Number: Home _____ Cell/Work: _____

Emergency Contact Person: _____

Emergency Number(s) _____

Please list the names and phone numbers of anyone who is allowed to pick your child up from the After School Program.

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____
4. _____ Phone: _____

Please check the program day and time below that your child will participate in the After School Program. Only one selection is allowed. If there is more than one choice selected, we will go with your first choice.

3:30 PM Everyday

OR

5:00 PM Everyday

The children are our community's future

Partially funded by The New York State Office of Children and Family Services