

Weymouth Township School District
Before-School/After-School Care Program
Registration Form 2020-2021

Name of Parent completing form: _____ PLEASE PRINT

	Child's Name	Grade
1 st Child	_____	_____
2 nd Child	_____	_____
3 rd Child	_____	_____
4 th Child	_____	_____

Home Address: _____

Name of Parent(s): _____

Emergency Number to be used during the Program Hours (7:00 a.m. – 8:20 a.m. &/OR 1:50 p.m. – 5:30 p.m.)

Phone #1: _____ Contact Name: _____

Phone #2: _____ Contact Name: _____

Phone #3: _____ Contact Name: _____

My child(ren) may only be released to the following individuals unless notified in writing:

Name	Relationship	Phone
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Name	Relationship	Phone
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Name	Relationship	Phone
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I anticipate my child will attend _____ days per week.

Health Information:

My child _____ is allergic to:

USE OTHER SIDE OF REGISTRATION FORM TO ADD ADDITIONAL CHILDREN OR INFORMATION AS NEEDED.

Other Health Information that the program should know:

Parent Signature

Parent Signature