

After School Club

Registration Form

Student's name:	Grade:
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	Parent/Guardian 1	Parent/Guardian 2
Full names:		
Relationship to child:		
Home address:		
Home Phone:		
Work Phone:		
Cell Phone:		
Email:		

Medical Details Known medical conditions, allergies?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details: 	
Emergency contact if parent/guardian cannot be reached:	Name: Phone:
<u>How will your student get home after club activities are finished?</u> 	

Signed: _____ Date: _____