

# AFTER SCHOOL REGISTRATION FORM

(Please print clearly)

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Father's Name \_\_\_\_\_ Employed At \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employed At \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name & Phone \_\_\_\_\_

Disabilities?  Yes  No Explain: \_\_\_\_\_

Allergies?  Yes  No Explain: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

## ***For Office Use Only:***

Health Certificate Received Date: \_\_\_\_\_

Weekly Childcare Rate: \_\_\_\_\_

## **PICK UP AUTHORIZATION FORM**

I, \_\_\_\_\_, give the following individuals permission to pick up  
(Print Parent/Guardian Name)  
my child/ren from the after-school day care program from Glory Risers.

I understand that I **MUST** give authorization either in person or by phone each and every time my child is picked up by an authorized adult.

\_\_\_\_\_  
Parent/Guardian Signature Date

Pick Up Name	Relationship to Child	Notes