



AFTER-SCHOOL ADVENTURE PROGRAM

2018-2019 REGISTRATION FORM

MCSaftercare@gmail.com

Hours: 2:30 p.m. to 5:30 p.m.
Early Release Days: 1:30 p.m. to 5:30 p.m.

Child's Name _____ D.O.B./Age _____ Grade _____

Home Address _____
City _____ State _____ Zip _____

Father's Name _____ Work Phone _____

Mother's Name _____ Work Phone _____

Telephone (home) _____ Cell phone(s) _____

Email _____

Clinic & Doctor _____ Phone _____

Allergies? _____

Medical conditions? _____

Physical restrictions? _____

Special instructions? _____

Emergency contacts when parents cannot be reached/ permission to pick up my child:

Please write in all information completely.

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____