



**After-School Care
2022-23 Application for Enrollment**

Please complete the information below. All siblings may be listed on the same form.

Child's Name: _____ Grade _____
(last) (first)

Allergies: _____

Child's Name: _____ Grade _____
(last) (first)

Allergies: _____

Child's Name: _____ Grade _____
(last) (first)

Allergies: _____

Email Address: _____

Father's name: _____ Cell Phone # _____

Place of employment: _____ Work phone: _____

Mother's name: _____ Cell Phone # _____

Place of employment: _____ Work Phone: _____

Parental status: single married divorced separated either deceased

PLEASE LIST THE NAMES OF THOSE WHO ARE ALLOWED TO PICK UP YOUR CHILD: