



**Before & After Care Registration Form
2018-2019**

Please Select: Before Care Only Aftercare Only Both (Before & After Care)

Homeroom Teacher: _____ **Grade:** _____

Student's Name: (Last) _____ (First) _____

Student's ID #: _____ Telephone #: _____

Address: _____

Siblings attending B&A Care:

Sibling: _____ Grade: _____

Sibling: _____ Grade: _____

Sibling: _____ Grade: _____

Parent/Guardian Information:

Mother's Name: _____ Father's Name: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Email: _____ Email: _____

Other Adults Authorized to Pick up Student:

Name: _____ Driver's License #: _____

Name: _____ Driver's License #: _____

Name: _____ Driver's License #: _____

Name: _____ Driver's License #: _____

PLEASE LIST ANY ALLERGIES:

MEDICAL CONDITION:

EPI PEN: YES or NO

OFFICE USE ONLY- DO NOT WRITE IN THIS AREA

Month	Amount Paid	Credit Card	Cash	Money Order	E-Funds	Date Received	Late Fee
August							
September							
October							
November							
December							
January							
February							
March							
April							
May							
June							

HUNT BEFORE & AFTER CARE SCHOOL CARE PROGRAM