

Palominas District Before/After School Program Registration

Student Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian (if applicable): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Pick up by: \_\_\_\_\_

Emergency Contacts:

Names and phone numbers of relatives or friends who will assume responsibility in case of illness or accident and may pick up your child when parents cannot be reached.

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

List any Medical conditions:

\_\_\_\_\_

\_\_\_\_\_

My child will attend: (Please circle) **Before School / After School / Both**

(Please circle) **Mon Tues Wed Thur Fri**

**Payment is due at Beginning of Each Month. Monies are NOT refundable or carried over to the next month.**

**FEEES WILL BE CHARGED FOR LATE PICKUP**