

PK-6TH GRADE AFTER-SCHOOL REGISTRATION FORM:

22 Jacksonville Rd, Colrain, MA 01340 · (413) 624.3451

CHILD'S INFORMATION:

Name: _____

Date of Birth: _____

Known Allergies: _____

Requires Epi-pen? **YES** **NO**

Parent or Guardian Information:

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Work Hours: _____

Estimated Pick-up Time: _____

Email Address: _____

Emergency Contact(s): _____

IMPORTANT INFORMATION:

Does your child have and special limitations or concerns we should know about?

Is your child currently taking any medications? **YES** **NO**

Please list medications and reasons for use:

Please provide and additional information we may need to know:

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