

Fernbank After School Program Registration

Please fill out a separate form for each child.

Child's name _____ Grade _____

Address _____

Parent/Guardian Information

Name & Address _____

Name & Address _____

Phone numbers

Name _____ Name _____

Home _____ Home _____

Cell _____ Cell _____

Work _____ Work _____

E-mail _____ E-mail _____

If there is an emergency and we cannot reach you, whom should we call?

Who has permission to pick your child up (other than parents)?

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Allergies? _____

Please circle how many days a week your child will be attending After School.

3-5 days FT

1-2 days PT

Occasional Drop In