

Southwest Christian School
Before & After Care Program
2010-2011 Registration

<i>Office Use Only:</i> Teacher: _____ BC/EAC/AC Drop-in Only: _____

Student Name: _____

Parent or Legal Guardian Names: _____

Address _____

List any known allergies: _____

Does the student require any emergency treatments for allergies?

Are there any medical conditions that require medications for these conditions? (If yes please list.)

List below emergency contact information and provide the current phone numbers where to be reached in case of emergency; Home, work, cell, pager or other.

Father: _____ Home number: _____

Cell or other: _____

Mother: _____ Home number: _____

Cell or other: _____

Relative: _____ Relationship: _____ Phone # _____

Physician: _____ Phone: _____

Other: _____ Phone: _____

The following people are authorized to pick up my child/children:

Name	Driver's license number	Relationship to child
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1. _____

2. _____

3. _____

Please choose from one of the following days or times your child will be attending:

Pre-Paid Plan: _____

Drop- In Card: _____

Before Care 7:00-8:15 AM ____ (M, T, W, TH, F) Drop in Only ____ (M, T, W, TH, and F)

Early After Care 2:15-3:30PM ____ ((M, T, W, TH, F)

After Care 3:30-6:00 PM ____ (M, T, W, TH, F)

Parent/Guardian Signature: _____ ***Date:*** _____