

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

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