

After-School Plus (A+) Program Registration Form

For official use only.
____ Checked eligibility status.

Signature of Site Coordinator _____ Date _____

STUDENT INFORMATION

1st Child's Name _____ Age ____ Sex ____ Birthdate _____ Grade _____

Other educational/health information about student: _____

2nd Child's Name _____ Age ____ Sex ____ Birthdate _____ Grade _____

Other educational/health information about student: _____

3rd Child's Name _____ Age ____ Sex ____ Birthdate _____ Grade _____

Other educational/health information about student: _____

School _____ Phone _____ Circle Days Attending M Tu W Th F

Language spoken at home: _____ Ethnicity (optional) _____

FAMILY INFORMATION

Mother/Legal Guardian's Name _____ Home Phone _____

Mother's Mailing Address _____
Street City Zip Code

Mother's E-Mail Address _____

Mother's Employer/School _____ Work/Cellular Phone _____

Mother's Employer/School Address _____
Street City Zip Code

Mother is authorized to pick-up: Yes ____ No ____

Father/Legal Guardian's Name _____ Home Phone _____

Father's Mailing Address _____
Street City Zip Code

Father's E-Mail Address _____

Father's Employer/School _____ Work/Cellular Phone _____

Father's Employer/School Address _____
Street City Zip Code

Father is authorized to pick-up: Yes ____ No ____

**List below adult individual(s) authorized to pick-up your child from the facility and their phone numbers.
(The child will not be released to any individual not listed below.)**

Name	Relationship to Child	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any changes in departure authorization must be received in writing from the parent/legal guardian.