

## Registration for the Before and After School Care Program

I will read the policies and procedures that are in the Parent/Student Handbook. I understand that I have to agree to follow the guidelines of the Before and After School Care Program for Zion Lutheran School in order to use the program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Child: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Child: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Child: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

The following is a list of authorized individuals whom I give permission to pick up my child/children from the After School Program.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

4. Name \_\_\_\_\_ Phone \_\_\_\_\_

5. Name \_\_\_\_\_ Phone \_\_\_\_\_

Please return this form to the School Office.  
This needs to be done before your child/children can participate in the Before or After School Care Program.

## Emergency Information

Mother's Place of Employment:

\_\_\_\_\_ Phone \_\_\_\_\_

Cellular # \_\_\_\_\_

Father's Place of Employment:

\_\_\_\_\_ Phone \_\_\_\_\_

Cellular # \_\_\_\_\_

Parent's Home Phone # \_\_\_\_\_

Three relatives or friends to be called in case of emergency:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

In case my child becomes ill or is injured at the Before or After School Care Program and needs emergency medical care and I cannot be reached, please take my child to the nearest hospital. I agree to assume all responsibility and expenses incurred by the handling of this emergency care.

Parent's Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_