



The Arts Based School

Before & After School Care Program

Registration Form

Child's Name _____ Gender _____ DOB _____

Teacher Name _____ Grade _____

Parent's Name(s) _____

Parent's Phone(s) _____

Parent's email(s) _____

Street Address _____

City _____ State _____ Zip _____

Mom's place of work _____ phone _____

Dad's place of work _____ phone _____

Emergency Contact (other than parent)

Name _____ Phone _____

Name _____ Phone _____

Authorized Pick-Up List (other than parent)

Name of Person	Relationship to child

Student Limitations or health issues we need to know about:

Please list any allergies to food or medication your child may have (please explain reaction to exposure)

Please list any medications your child will need to take during ABS Before and After School Care

(An Authorization for the Administration of Medication form will need to be filled out by a licensed physician)

I have read, understand, and agree to adhere to the policies and procedures outlined in the ABS Before & After School Care Handbook.

Print Name _____

Signature _____ Date _____