

Little Oak Middle School After Care Child Enrollment/Registration

Child's Name

Grade/Homeroom Teacher's Name

Street Address: _____

City: _____ State: _____ Zip: _____

Check One: _____ Full Time _____ Part Time _____ Days per Week
Registration Fee Paid: _____ Cash _____ Check # _____ Online Date _____

Parent/Guardian Information:

Father/Guardian

Mother/Guardian

Address

Address

Home Phone

Home Phone

Cell Phone/Work Phone

Cell Phone/Work Phone

Checkout\authorization List: Use the back of the page to add any additional persons.

Full Name

Relationship

Phone Number

Full Name

Relationship

Phone Number

Full Name

Relationship

Phone Number

Full Name

Relationship

Phone Number

Full Name

Relationship

Phone Number



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Does the participant have an IEP (Individualized Education Program)? Yes No

Does the participant have a 504 Plan? Yes No

Does the participant need to be administered medication during the After School Child Care program? Yes No

Please list any allergies or Special Diet:

Please list any other pertinent information about the participant:

I understand and/or agree to comply with these guidelines:

Name of Parent/Guardian: (Print name)

Signature of Parent / Guardian:

Date: _____
