**CLOVER GARDEN SCHOOL**

*Home of the Grizzlies*

**Before & After School Registration Form**

2021-2022 School Year

Child’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Mother/Guardian | Father/Guardian |
| Name: | Name: |
| Address if different from child’s address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Address if different from child’s address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Call the following numbers to contact me during before or after school care hours:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_We will contact you if necessary for sickness, injury, discipline issues, weather related closings & any other reason we deem necessary. | Call the following numbers to contact me during before or after school care hours:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_We will contact you if necessary for sickness, injury, discipline issues, weather related closings & any other reason we deem necessary. |
| Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Where are you employed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Where are you employed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Employment Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Employment Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

The following people are allowed to pick up my child from after school care:

|  |  |  |
| --- | --- | --- |
| Name: | Name: | Name: |
| Relationship: | Relationship: | Relationship: |
| Telephone #: | Telephone #: | Telephone #: |
| Is this an emergency contact? Yes No | Is this an emergency contact? | Is this an emergency contact? |

**Emergency Permission Form**

I give permission to Clover Garden School Daycare staff to authorize emergency treatment and transportation of my child to Alamance Regional Medical Center Hospital.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participation & Payment Agreement**

My child & I have read, discussed & agree to abide by the rules, regulations & payment schedule for attending Clover Garden School’s after school program.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

**Attendance Schedule for my child(ren):**

Please list the approximate arrival time for before school and approximate departure time for after school in the spaces provided. This helps us in planning for staff needed.

Monday- Before School \_\_\_\_\_\_\_\_\_\_\_\_ After School\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuesday- Before School \_\_\_\_\_\_\_\_\_\_\_\_ After School\_\_\_\_\_\_\_\_\_\_\_\_\_

Wednesday- Before School \_\_\_\_\_\_\_\_\_\_\_\_ After School\_\_\_\_\_\_\_\_\_\_\_\_\_

Thursday- Before School \_\_\_\_\_\_\_\_\_\_\_\_ After School\_\_\_\_\_\_\_\_\_\_\_\_\_

Friday- Before School \_\_\_\_\_\_\_\_\_\_\_\_ After School\_\_\_\_\_\_\_\_\_\_\_\_\_