



SUMMER SCHOOL / AFTER SCHOOL PROGRAM REGISTRATION FORM

Name of Student: _____

Age of Student: _____

Name of Parent or Guardian: _____

Contact Number/s: _____

Name of After School Program : _____

Day and Time of Program: _____

In case of emergency, person to contact:

Name: _____

Contact Number/s: _____

Allergies/Medical Information:

Signature of Parent/Guardian

Date