

Before and After School Care

Family Name _____

What will your child(ren) be attending? Please Select:

___ Before Care ___ After Care ___ Both

Children Attending	Grade	Homeroom Teacher
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Approximate Time of Pickup: _____

Person Responsible for Pickup: _____

Home Address: _____

City _____ State: _____ Zip: _____

Home Phone: _____

Parents' Work Numbers Mother _____

Father _____

Other Contacts:

Name	Phone Number	Relationship to Child(ren)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Instructions _____

