

After-School Program Enrollment Form

Participant Information

Child's Full Name

Date of Birth

Current Grade

School Name

Parent/Guardian Information

Parent/Guardian Name

Relationship to Child

Phone Number

Email Address

Home Address

Emergency Contact

Emergency Contact Name




Emergency Contact Phone

Relationship to Child

Other Information

Medical Concerns/Allergies

Select Days Attending



How will your child get home?

☐ Pick-Up ☐ Walk ☐ Other

Additional Notes