## After School Registration Form

## Play Academy Learning Center

Child's Name:	Grade:	
School:		
Date of Birth:		
Date of Admission:	_	
Home Address:		
City: State:	Zip Code:	
Home Telephone #	e-mail(s)	
Allergies/Medical Conditions:		
Child will arrive by (check one)		Public / Private van
Clind will arrive by (check one)	Other (please specify)	
Child will depart by (check one)		
Clind will depart by (check one)	Parent Pick up Other (please specify)	_ rublic/riivate vaii
	Other (please specify)	
PARENT/GUARDIAN INFO	RMATION:	
Demont / Committee Norman		
Parent/Guardian Name:		
*		
	3511 751 1 1	
	Mobile Telephone # _	
Work Telephone #:		
- (0		
Parent/Guardian Name:		
±		
*	Mobile Telephone # _	
Work Telephone #:		
Persons Authorized to pick up c	hild/ren:	
1. Name:		
2. Name:		
Z. Name.	Phone	
Please indicate any person or pe	ersons not allowed to nick up vo	our child/ren:
Name:	·	
Name:		
Parent/Guardian Signature		Date