



After School Registration Form

Child's First Name, Last Name	Sex	DOB	Age	Grade & Class	School Child Attends	
Address (including apartment #)	City, State, Zip Code		Child Lives With...	Allergies and/or Special Diet		
Mother/ Guardian's Full Name				Cellular Phone		
Email Address	Home Phone		Business or Other Daytime Phone			
Father/ Guardian's Full Name				Cellular Phone		
Email Address	Home Phone		Business or Other Daytime Phone			
The following individuals are authorized to pick up my child:						
1. Name of Individual		Relationship to child		3. Name of Individual		
				Relationship to child		
2. Name of Individual		Relationship to child		4. Name of Individual		
				Relationship to child		
EMERGENCY CONTACTS	Provide the name & phone # of an emergency contact, <i>other than parent/guardian</i> , who is likely to be available during program hours.					
REGISTRATION TYPE	# of Days/Wk	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri
	Child's Start Date: _____					<input type="checkbox"/> Automatically enroll my child in Half Days – Public Schools Only
PAYMENT TYPE	<input type="checkbox"/> Checking <input type="checkbox"/> Credit/Debit <input type="checkbox"/> ACD/HRA Begin <input type="checkbox"/> 1199 <input type="checkbox"/> TWU TERM PAYMENT AUTHORIZATION I, _____ authorize my bank to make my payment by the method indicated below, and post it to my account. <input type="checkbox"/> CHECKING (Note: For Checking Account Authorization, Attach A Voided Check) <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> OTHER _____ ACCOUNT# _____ EXPIRATION DATE ____ / ____ I understand that I am in full control of my payment, and if at any time I decide to make any changes or discontinue the EFT service I will call or write the above named company. CUSTOMER SIGNATURE: _____					

