

**MESSIAH LUTHERAN SCHOOL  
BEFORE/AFTER SCHOOL CHILD CARE PROGRAM**

**REGISTRATION FORM**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Other Persons to Contact In Case of an Emergency:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Other Person(s) Who May Drop Off or Pick Up Your Child:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Please circle session(s) and days of the week your child will be attending Before/After School Child Care:

Session 1 & 2: 7:00 - 8:40 A.M.      M    T    W    Th    F

Session 2:      8:00 - 8:40 A.M.      M    T    W    Th    F

Session 3:      3:30 - 4:00 P.M.      M    T    W    Th    F

Session 4:      4:00 - 5:00 P.M.      M    T    W    Th    F

Session 5:      5:00 - 6:00 P.M.      M    T    W    Th    F

I have received a Before/After School Child Care Program Booklet outlining payment structure, procedures for drop-off/pick-up of children and rules for students behavior in the Care Room.

\_\_\_\_\_  
Parent Signature