TIMOTHY CHRISTIAN AFTER SCHOOL PROGRAM
Extended Care Registration Form

1. CHILD INFORMATION:

Full Name _____ Home Phone _____
Last First MI

Address _____

Birthdate _____ Grade _____ Email address _____

Child's interests _____

Allergies or medications _____

Please tell us anything about your child that you think would be helpful for us to know:

_____

2. FAMILY INFORMATION: Parent(s) or Guardian(s) with whom child lives:

Name _____ Business / Company Name _____

Business Address_____

Work Phone _____ Cell Phone _____

Email address _____

Name _____ Business / Company Name _____

Business Address_____

Work Phone _____ Cell Phone _____

Email address _____

3. ATTENDANCE: Please mark all sessions that your child will attend.

After School Care: Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Occasional Care: _____

I was registered for TCS Aftercare last school year? Y/N _____

4. PERSON(S) AUTHORIZED TO PICK UP MY CHILD (other than parent or guardian):

NAME	RELATION TO CHILD	PHONE #	PAGER/CELL #

5. SIGNATURE: I have read and agree to follow the Timothy Christian After Care Program policies.

Parent Signature _____ Date _____

**Please turn this form in with your deposit by August 22, Attn: Jenna Kuiper. Thank you!*