



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

Parent Signature _____ Date _____

**Please Return to the Elementary Office by August 3*