



# After-School Registration Form

Start Date: \_\_\_\_\_

## Child's Information: (Please print)

Child's Name (First/Middle/Last): \_\_\_\_\_ Gender: M \_\_\_\_ F \_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Race: African American Asian American Indian Pacific Islander White Hispanic (\*see info on back) Grade in Fall 2023: \_\_\_\_\_

School: \_\_\_\_\_

## 1st Parent/Guardian:

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell or Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

## 2nd Parent/Guardian:

Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell or Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

**Email Address (required):** This is how we will communicate program information.

\_\_\_\_\_

## Emergency Information:

Known allergies: \_\_\_\_\_

Medications or medical concerns: \_\_\_\_\_ Child's Doctor:

\_\_\_\_\_ Phone Number: \_\_\_\_\_

## If Parents cannot be reached, who else should we notify in case of an emergency:

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

Phone Number: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

## Is there anyone court-ordered that is NOT authorized to visit or pick up your child?

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

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

There is a \$25.00 non-refundable registration fee per family.

**Please read and check the boxes below concerning waivers and agreements:**

- I hereby release and discharge Trustworthy Afterschool Care, its agents, volunteers, and employees from all claims of injury, illness, death, loss, or damage that my child/ren may suffer because of participation.
- I permit Trustworthy Afterschool Care to use images of my child as a Trustworthy Afterschool Care participant in internal and external promotional materials, including printed material, broadcast advertising, promotional videos, and the Trustworthy Afterschool Care website.
- It is my complete understanding that if I wish to terminate this program or change my method of payment in any way, I must give Trustworthy Afterschool Care a two-week written cancellation or change notice prior to the week of the payment date.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Signature of TAC Staff: \_\_\_\_\_ Date \_\_\_\_\_