

Sandpipers
Stay and Play, LLC
After School Care Program
Registration Form

Child's Name: _____

Address: _____

Grade: _____ Teacher: _____

Mother's Name: _____

Employer: _____

Work phone: _____ Ext/Dept. _____

Cell phone: _____

Email: _____

Father's Name: _____

Employer: _____

Work phone: _____ Ext/Dept. _____

Cell Phone: _____

Email: _____

Authorized individuals (other than above named parents) who may be contacted in an emergency and who have my permission to pick up my child.

Name: _____

Home phone _____ Work _____ Cell _____

Name: _____

Home phone _____ Work _____ Cell _____

Child health conditions or other areas of concern: _____

I would like to enroll _____ child(ren) in the after care program. For planning purposes please indicate the following day(s) service is needed.

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Parent Signature

Date

