



Before & After School Registration Form

Child's Name: _____

Age/Grade: _____

Child's Name: _____

Age/Grade: _____

School: _____

Parent(s)/Guardian: _____

Parent(s)/Guardian Phone Number: _____

Parent(s)/Guardian Email Address: _____

Parent(s)/Guardian: _____

Parent(s)/Guardian Phone Number: _____

Parent(s)/Guardian Email Address: _____

Please check if you would like to Charge Card on File for Enrollment Fee

*Registration is subject to change

Staff Only: Enrollment Paperwork (both sides) Immunization Record Parental Agreement Physical Report
(SCP Location Only) Registration Fee \$80.00/\$120.00 Registration Form Staff Name: _____