

# 2024 Summer School – After Care - Child Registration Record

(separate from Summer Kids Club at Sherwood)

Please complete this form and submit to Community Education **with a Registration fee** if your student is attending the **Monday through Thursday** elementary Summer School **After Care**.

Sherwood students will remain at Sherwood; Arrowwood students will remain at Arrowwood; Hemmeter, Weiss, and Westdale students will be bussed to Arrowwood at the conclusion of Summer School. Students must be picked up no later than 6 pm.

Please complete an **After Care Weekly Schedule** (attached) with payment for the days needed.

Student Last Name \_\_\_\_\_ First \_\_\_\_\_ M / F

Grade Just Completed \_\_\_\_\_ School \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Registration Fee \$5**     cash     check     Credit card

**Credit Card:** Name on card \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

List any pertinent health information (medical conditions, etc.):

\_\_\_\_\_

EMERGENCY CONTACTS (Other than Parent/Guardian) please print clearly

NOTE: Students will only be released to a parent, guardian, or emergency contact person listed. \*\*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_ 2nd Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_ 2nd Phone \_\_\_\_\_

\*\* CODE WORD (to be used if a person not listed above is asked to pick up the child): \_\_\_\_\_

List any allergies – please do not leave blank or list as “N/A.” List allergies or notate with “no known allergies” or “none.”

\_\_\_\_\_