



AFTER SCHOOL KIDS UNDER SUPERVISION INC

ASK US REGISTRATION FORM

(Please print)

START DATE _____

CHILD'S NAME _____

GENDER _____ D.O.B. _____ GRADE IN THE FALL _____

SCHOOL _____

CHILD'S NAME _____

GENDER _____ D.O.B. _____ GRADE IN THE FALL _____

SCHOOL _____

CHILD'S NAME _____

GENDER _____ D.O.B. _____ GRADE IN THE FALL _____

SCHOOL _____

CIRCLE THE DAYS NEEDED EACH WEEK

M
AM/PM

T
AM/PM

W
AM/PM

TH
AM/PM

F
AM/PM

NUMBER OF DAYS PER WEEK AM _____ PM _____

PARENT'S NAME _____

ADDRESS _____

PHONE# _____

EMAIL _____

MOM'S WORK # _____ MOM'CELL# _____

DAD'S WORK# _____ DAD'S CELL# _____

EMERGENCY CONTACT _____

PHONE# _____