



After School Kids Under Supervision, Inc.

Registration Form

Please Print

For Office Use Only
Registration Paid
Amt. _____ Ck # _____
T. F. _____
Scanned _____

START DATE _____

CHILD'S NAME _____

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

SCHOOL _____

CIRCLE THE DAYS NEEDED EACH WEEK

M	T	W	TH	F
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM

PARENT'S NAME _____

ADDRESS _____

HOME PHONE # _____

EMAIL _____

MOM'S WORK # _____

MOM'S CELL # _____

DAD'S WORK # _____

DAD'S CELL # _____

Please indicate(*) which contact number should be placed on our message alert system.
This system will be put into effect in the event of any change of status to our afternoon program
due to weather or other emergency related issues.

EMERGENCY CONTACT _____

PHONE # _____