



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

After School Kids Under Supervision, Inc.

Registration Form

Please Print

START DATE _____

CHILD'S NAME _____

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

SCHOOL _____

CHILD'S NAME _____

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

SCHOOL _____

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 # _____