Great Thinkers After School
AFTERSCHOOL / SUMMER PROGRAM
Registration Form

Date of Enrollment: _____

Child's Name: _____ DOB: _____ Sex: M____ F____

Health Card #: _____ ID #: _____

Child's Doctor: _____ Phone: _____

Mother's/Guardian's Name: _____

Cell Phone: _____ Work #: _____ Home #: _____

Place of Work: _____

Hours: _____

Father's/Guardian's Name: _____

Cell Phone: _____ Work #: _____ Home #: _____

Place of Work: _____

Hours: _____

Person(s) to contact in case of emergency:

Name: _____ Name: _____

Relationship to Child: _____ Relationship to Child: _____

Phone: _____ Phone: _____

Other person(s) authorized to pick up child:

Name: _____ Name: _____

Relationship to Child: _____ Relationship to Child: _____

Phone: _____ Phone: _____

Are your child's Immunizations up to date? Yes___ No___. Attach a copy of records. If No, please explain.

_____

_____