



## Ashland After School Program Registration Form

(One Card per Child)



Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F

Grade entering in the fall: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

### Emergency Information

Legal Guardian's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell / Home / Work: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell / Home / Work: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital: \_\_\_\_\_

**If unable to reach parents, please contact:** \_\_\_\_\_ Phone: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies (include food): \_\_\_\_\_

Any other information that may help us better meet your child's needs:

\_\_\_\_\_