



Ashland After School Program Registration Form

(One Card per Child)



Name of Child: _____ DOB: _____ Age: _____ Sex: M / F

Grade entering in the fall: _____ Email Address _____

Mailing Address: _____ Town: _____ Zip: _____

Emergency Information

Legal Guardian's Name: _____ Day Phone: _____ Email: _____

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:
