

SCHOOL YEAR \_\_\_\_\_

**SANTIAM CHRISTIAN SCHOOLS**  
**AFTER SCHOOL KIDS' CLUB**  
Registration/Info Form



Dear Preschool – Sixth Grade Parent,

**If you are interested in AFTER SCHOOL KIDS' CLUB, please indicate the days/hours your student will/may attend for the coming school year.** Monthly charges are posted by the 5<sup>th</sup> of the following month on your account and will reflect the hourly charge. Drop-ins welcome!

**Days per week:**

Mon     Tues     Wed     Thurs     Fri

**Hours:**

until 4 p.m.     until 5 p.m.     until 6 p.m.

Student's Name \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_

Birthday \_\_\_\_\_

Allergies (food and other) \_\_\_\_\_

List the names of those authorized to pick up your child:

NAME	RELATIONSHIP TO CHILD
_____	_____
_____	_____
_____	_____

Parent's Printed Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

**Please list phone numbers where you can be reached from 3 p.m. – 6 p.m.**

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Business \_\_\_\_\_

**Is there anything pertinent to your child's care that we should know? (Please use the back of sheet.)**