

**IVY LEAGUE AFTER SCHOOL CARE PROGRAMS REGISTRATION FORM**

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

Parents' Name(s): \_\_\_\_\_

Contact Phone Numbers:

Home \_\_\_\_\_

Work \_\_\_\_\_

Mobile \_\_\_\_\_

Pager \_\_\_\_\_

Emergency Contact(s) Name: \_\_\_\_\_

Home \_\_\_\_\_

Home \_\_\_\_\_

Work \_\_\_\_\_

Work \_\_\_\_\_

Mobile \_\_\_\_\_

Mobile \_\_\_\_\_

Persons given permission to pick up your child include:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LUNCH BUNCH:** Please indicate the days of the week that you wish to sign up for:

Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_

**AFTER CARE:**

First Choice

Second Choice

Third Choice

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tues., Thurs.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mon., Wed., Fri.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mon. through Fri.