LBP BEFORE/AFTER SCHOOL CARE

REGISTRATION FORM

□ Before Care □After Care **School Year: 2024-2025**

□ Returning Student □ New Student

□ Kindergarten Student (1 hour only) □ Kindergarten Sibling (9am)

STUDENT'S ENROLLMENT MUST BE ON DAYS THAT THE CHILD ATTENDS SCHOOL AND CANNOT EXCEED THE NUMBER OF DAYS ENROLLED IN THE SCHOOL PROGRAM.

Child's Full Name _____

Name Child Goes By_____ DOB _____ Sex: □ M □ F

TODDLERS	**(BSC)** # Days ____	□ Monday □ Tuesday □ Wednesday □ Thursday □ Friday
	(ASC) # Days ____	□ Monday □ Tuesday □ Wednesday □ Thursday □ Friday
2 ½ YEAR OLD	**(BSC)** # Days ____	□ Monday □ Tuesday □ Wednesday □ Thursday □ Friday
	(ASC) # Days ____	□ Monday □ Tuesday □ Wednesday □ Thursday □ Friday
3 YEAR OLD	**(BSC)** # Days ____	□ Monday □ Tuesday □ Wednesday □ Thursday □ Friday
	(ASC) # Days ____	□ Monday □ Tuesday □ Wednesday □ Thursday □ Friday
4 YEAR OLD	**(BSC)** # Days ____	□ Monday □ Tuesday □ Wednesday □ Thursday □ Friday
	(ASC) # Days ____	□ Monday □ Tuesday □ Wednesday □ Thursday □ Friday
KINDERGARTEN	**(BSC)** # Days ____	□ Monday □ Tuesday □ Wednesday □ Thursday □ Friday
	(ASC) # Days ____	□ Monday □ Tuesday □ Wednesday □ Thursday □ Friday

Father's Name _____ Best # to reach Father b/w 8am-10am _____
2pm-4pm _____

Mother's Name _____ Best # to reach Mother b/w 8am-10am _____
2pm-4pm _____

Guardian's Name _____ Best # to reach Mother b/w 8am-10am _____
2pm-4pm _____

Emergency Contact Name _____ **Number**_____

Persons Authorized to pick up_____ _____ _____

Allergies _____ Treatment _____

OFFICE USE ONLY

Teacher's Name _____Room Number _____