

**BEFORE AND AFTER SCHOOL CARE REGISTRATION
RIVER VALLEY SCHOOL DISTRICT**

Student Name: _____ Date of Birth: _____ Grade: _____

Primary Address: _____

Custodial Parent: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Custodial Parent: _____ Cell Phone: _____

Work Phone: _____ Email: _____

EMERGENCY CONTACTS

Name: _____ Relationship to student: _____

Best number to be reached: _____ May also pick up: Yes No

Name: _____ Relationship to student: _____

Best number to be reached: _____ May also pick up: Yes No

MEDICAL INFORMATION

Medical problems requiring attention: None If yes, explain: _____

Special instructions in case of an emergency: _____

Medications taken regularly: _____

Allergies: _____

In case of an emergency, I authorize the designated program personnel to call for an ambulance: Yes No

The program hours are 6:30am-7:45am and 3:15pm-5:30pm. Monday through Friday. (when school is in session)

Please complete the grid below by: placing an "X" in the column of days attending, list anticipated drop-off/pick-up time (if possible, on the half hours), and adult/s names who will be picking up. (Reminder to inform your respective school of this schedule)

BEFORE SCHOOL CARE	Monday	Tuesday	Wednesday	Thursday	Friday
"X" days attending					
Drop-Off Time					
By Whom					
AFTER SCHOOL CARE	Monday	Tuesday	Wednesday	Thursday	Friday
"X" days attending					
Pick-Up Time					
By Whom					

I have read, understand, and agree to the terms and conditions stated in this registration agreement as well as the Parent Handbook. I give permission for my child to participate in the River Valley Before and After School program and I agree to pay all related fees.

Parent Signature: _____

Date: _____