MQH Aftercare Registration Form

NEW Families and those who need to UPDATE ONLY

There is a $30 registration fee per family that will need to be paid each school year

Child Name: _____ Grade: _____

Child Name: _____ Grade: _____

Child Name: _____ Grade: _____

Child Name: _____ Grade: _____

Mother/Guardian:

Name:_____

Cell Number:_____

Work Number:_____

Email:_____

Address:_____

_____

Father/Guardian:

Name:_____

Cell Number:_____

Work Number:_____

Email:_____

Address:_____

_____

Days Attending (please check all that apply):

___Monday ___Tuesday ___Wednesday ___Thursday ___Friday ___Will Vary

People Authorized to Pick Up:

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical Release:

I, _____, parent or guardian of _____, hereby authorize transportation and emergency medical treatment deemed necessary for above-mentioned child(ren) in my absence. The above-mentioned child(ren), has the following known allergies or medical conditions _____

_____

Medical Insurance:

Company Name: _____

Policy Number: _____

Group Number: _____

Date: _____ Signature: _____