

# Mount Aviat Academy

## After School Care Registration Form

Family Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother  
Name: \_\_\_\_\_

Father  
Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

### Emergency Contacts

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Attendance

Circle days child(ren) will attend: Mon.    Tues.    Wed.    Thurs.    Fri.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_