

# Christian Collegiate Academy

## Before & After School Care Registration

2010 -  
2011

### Principle Purpose

The purpose of the program is to provide Christian Collegiate Academy families a means for before and after school care. The program is for your convenience as well as your child's safety. Registration prior to attendance is **required** for all students.

Child's Name: \_\_\_\_\_

Home Phone: (     )     -     \_\_\_\_\_

Father's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: (     )     -     \_\_\_\_\_ Cell Phone: (     )     -     \_\_\_\_\_

Father's SSN:     -     -     \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: (     )     -     \_\_\_\_\_ Cell Phone: (     )     -     \_\_\_\_\_

Mother's SSN:     -     -     \_\_\_\_\_

### Emergency Contact Information

1<sup>st</sup> Emergency Contact & Relationship: \_\_\_\_\_

Home Phone: (     )     -     \_\_\_\_\_ Cell Phone: (     )     -     \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: (     )     -     \_\_\_\_\_

2<sup>nd</sup> Emergency Contact & Relationship: \_\_\_\_\_

Home Phone: (     )     -     \_\_\_\_\_ Cell Phone: (     )     -     \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: (     )     -     \_\_\_\_\_

Adults Authorized to Sign Child In / Out

Name of Adult

Relationship

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Special Needs Care / Chronic Illness / Allergies

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Instructions

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_