



LANCASTER
MENNONITE
HERSHEY CAMPUS

After School Care Registration

Student Name _____ Grade _____

PLEASE COMPLETE ALL ITEMS BELOW THAT APPLY:

After-school care will be used:

____ On a daily basis

____ On a regular basis other than daily (be specific with days if possible, i.e., every Thursday)

____ Occasionally

Name(s) of person(s) permitted to pick up from after-school care:

After-school care note — On days when a person other than those listed above is picking up your child/ren, the after school care supervisor must be informed by a phone call or note. Thank you.

List any dietary restrictions: _____

List any medical conditions or concerns: _____

Other concerns: _____

Home & cell phone number: _____

Work phone _____

Emergency name and number in case parents can't be reached _____

Parent/Guardian Signature

Date