



After School Kids Under Supervision, Inc.

Registration Form

Please Print

CHILD'S NAME _____

CIRCLE THE NUMBER OF DAYS PER WEEK:

2 3 4 5

SESSION: AM _____ PM _____

CIRCLE THE DAYS NEEDED EACH WEEK:

M	T	W	TH	F
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM

NAMES OF SIBLINGS ALSO BEING REGISTERED:

GRADE IN THE FALL 20__ : _____ BIRTHDATE _____

SCHOOL _____

PARENT'S NAME _____

ADDRESS _____

HOME PHONE# _____

MOM'S WORK PHONE# _____ MOM'S CELL PHONE# _____

DAD'S WORK PHONE# _____ DAD'S CELL PHONE# _____

EMERGENCY CONTACT NAME _____ PHONE# _____

EMAIL: _____