



ECHO AFTERSCHOOL REGISTRATION FORM

CHILD'S FULL NAME: _____
FIRST MIDDLE LAST

AGE: _____ DATE OF BIRTH: _____ MALE: _____ FEMALE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ EMERGENCY PHONE: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

CHILD LIVES WITH BOTH PARENTS: YES _____ NO _____ IF NO, MOTHER _____ FATHER _____

CHURCH ATTENDING: _____

SCHOOL ATTENDING: _____

ALLERGIES: _____

OTHER ADULT WHO MAY PICK UP CHILD: _____

CHILD MAY NOT BE PICKED UP BY: _____

2 EMERGENCY CONTACTS: _____ / _____

2 EMERGENCY PHONE NUMBERS: _____ / _____

WILL YOUR CHILD NEED TRANSPORTATION HOME? YES _____ NO _____

YOU WILL NEED TO WRITE A NOTE TO YOUR CHILD'S TEACHER TO LET THEM KNOW THEY WILL