

**TCHEFUNCTE MIDDLE SCHOOL
AFTER SCHOOL CARE REGISTRATION 2020-2021**

1st Child's Name _____ **Teacher & Grade** _____

2nd Child's Name _____ **Teacher & Grade** _____

3rd Child's Name _____ **Teacher & Grade** _____

Mother's Name _____ **Home Phone** _____

Cell Phone _____

Employer _____ **Work Phone** _____

Father's Name _____ **Home Phone** _____

Cell Phone _____

Employer _____ **Work Phone** _____

EMERGENCY CONTACTS FOR PERSONS AUTHORIZED TO PICK UP YOUR CHILD:

Name/Relationship

Phone Number

1. _____
2. _____
3. _____

Please check all that apply if your child has any of the following special needs:

Emergency Medical Plan **IEP** **504 plan** **Allergies or other health concerns**

Please explain: _____

I have read and understand the After School Care tuition (fees), discipline, and late pick-up policies. Failure to follow these policies will result in my child being removed from the program.

Parent Signature _____ **Date** _____