

Highland Cardinal Club
Before/After School Registration Form

(Please print neatly)

Child's Name: _____ Date of Birth: _____

Grade: _____ Gender M/F

Address: _____ City: _____ Zip Code: _____

Mother's Name: _____ Home phone: _____

Address: _____ City: _____ Zip Code: _____

Place of Employment: _____ Work Phone: _____

Cell phone: _____ Email: _____

Father's Name: _____ Home phone: _____

Address: _____ City: _____ Zip Code: _____

Place of Employment: _____ Work Phone: _____

Cell phone: _____ Email: _____

Emergency Contact Persons

FIRST

Name: _____ Phone Number _____

Address: _____ City: _____ Zip Code: _____

Relationship to child: _____

SECOND

Name: _____ Phone Number _____

Address: _____ City: _____ Zip Code: _____

Relationship to child: _____

Persons Authorized To Pick Up Your Child(ren)

Name: _____ Phone Number _____
Address: _____ City: _____ Zip Code: _____
Relationship to child: _____

Name: _____ Phone Number _____
Address: _____ City: _____ Zip Code: _____
Relationship to child: _____

Name: _____ Phone Number _____
Address: _____ City: _____ Zip Code: _____
Relationship to child: _____

Are there any persons who are not permitted to pick up your child?

- 1. _____ Relationship to Child _____
- 2. _____ Relationship to Child _____

ADDITIONAL INFORMATION

Any Medical Problems _____
Any Known Allergies _____
Any recent injuries or hospitalizations _____
Current Medication _____
Any additional information _____

