



2017-2018

Before School Child Care Program
(B-STEP)

REGISTRATION FORM

Child's Information

Last Name _____ **First Name** _____ **Birth Date** _____

Address _____ **City** _____ **Phone** _____

Grade · K · 1st · 2nd · 3rd · 4th
 · 5th · 6th · 7th · 8th

Days Child Will Attend

· Monday · Tuesday · Wednesday · Thursday · Friday

Parent's Information

Mother's Name _____ **Email** _____

Phone 1 _____ **Phone 2** _____

Father's Name _____ **E-mail** _____

Phone 1 _____ **Phone 2** _____

Emergency Contact

Name _____ **Relationship** _____

Phone _____

Address _____

Please list any food allergies on back of form. Thank you.