



2018-2019

Before School Child Care Program  
(B-STEP)

REGISTRATION FORM

Child's Information

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Grade**     · Pre-K                     · K                     · 1<sup>st</sup>                     · 2<sup>nd</sup>                     · 3<sup>rd</sup>  
                   · 4<sup>th</sup>                     · 5<sup>th</sup>                     · 6<sup>th</sup>                     · 7<sup>th</sup>                     · 8<sup>th</sup>

**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.**