

South Hill School Age Program Registration Card

Child's Name: _____
Address: _____
Home Phone: _____ Grade: _____
Days of Enrollments: _____ Date of Birth _____

Parent/Guardian Information:

Names: _____
Addresses: _____
Phone: _____
Employers: _____
Work Phone: _____
Cell Phones: _____
E-Mail _____

Please list persons below to call in case parents can't be reached, who are authorized to pick up your child(ren): (we must still have a phone call or a note if anyone other than parent/guardian is to pick up children).

Name: _____	Phone # _____
Name: _____	Phone # _____
Name: _____	Phone # _____

Child's Physician: _____ Phone: _____
Allergies (Specify): _____