

# AFTER SCHOOL DAY CARE REGISTRATION FORM

2010/2011 School Year



**BOYS & GIRLS CLUBS**  
OF EAST PROVIDENCE

(Please print clearly)

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Father's Name \_\_\_\_\_ Employed At \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employed At \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Number of People in Household \_\_\_\_\_ Annual Household Income \_\_\_\_\_

In Case of Emergency Notify \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Disabilities?  Yes  No Explain: \_\_\_\_\_

Allergies?  Yes  No Explain: \_\_\_\_\_

**OVER** →

\_\_\_\_\_  
Parent/Guardian Signature

**For Office Use Only:**

Health Certificate Received Date: \_\_\_\_\_

Weekly Childcare Rate: \_\_\_\_\_

## PICK UP AUTHORIZATION FORM

I, \_\_\_\_\_, give the following individuals permission to pick up  
(Print Parent/Guardian Name)  
my child/ren from the after school day care program of the Boys & Girls Club of East Providence.

I understand that I **MUST** give authorization either in person or by phone each and every time my child is picked up by an authorized adult.

\_\_\_\_\_  
Parent/Guardian Signature Date

Pick Up Name	Relationship to Child	Notes