

Hornet's Haven After-Care Information Page

Child's name _____ Grade _____ Teacher _____

Father's name _____ Mother's name _____
Home number _____ Home number _____
Work number _____ Work number _____
Cell number _____ Cell number _____

Other Emergency contacts: (please list two)

#1 Name _____ Relationship _____
Home number _____
Work number _____
Cell number _____

#2 Name _____ Relationship _____
Home number _____
Work number _____
Cell number _____

Please list below any special needs your child may have.
(i.e.—allergies, medical conditions)

Please circle the time(s) of the day(s) that your child(ren) will be with us.

Morning

Evening

M T W T F

There is a nonrefundable registration fee of \$20.00 per child for this service. Please return this paper to your child's teacher along with the registration fee as soon as possible. Your child will not be able to attend until all paper work is properly filled out.

This Program is available on School Days Only.