

The Wildcat Den Registration 2019-2020

Name: _____ **Grade:** _____

Address: _____

City: _____ **Phone:** _____

Regular aftercare schedule: circle one: Y / N (if yes days): M T W TH F

Schedule will vary: Y / N A note will be sent in (weekly/monthly) stating days student will attend.

Approximate pick-up time: _____

Mother's Name _____

Cell Number: _____ **Work Number:** _____

Father: Name _____

Cell Number: _____ **Work Number:** _____

In case of EMERGENCY which parent should be contacted first? _____

PERSONS PERMITTED TO PICK-UP ABOVE NAMED STUDENT(S):

Name: _____ **Relationship:** _____

Phone Number: _____

Name: _____ **Relationship:** _____

Phone Number: _____

Name: _____ **Relationship:** _____

Phone Number: _____

Allergies or medical conditions we should be aware of? _____

