

Millburn Before and Afterschool Care

2024-25 REGISTRATION

Child #1 Full Name _____ Birthdate _____ Boy Girl

My child attends Millburn Elementary School Millburn Middle School

Millburn Before and Afterschool Care Start Date _____ Teacher _____ Grade _____

PLEASE PRINT

FAMILY INFORMATION

Legal Guardian #1

First and Last Name _____ Relationship to Child _____

Address _____ City _____, IL Zip _____

Home Phone _____ Cell Phone _____ Email _____

Employer _____ Work Phone _____

Legal Guardian #2

First and Last Name _____ Relationship to Child _____

Address _____ City _____, IL Zip _____

Home Phone _____ Cell Phone _____ Email _____

Employer _____ Work Phone _____

CHILD #1 lives with: Both Parents Mother Father Guardian Special Custody Information _____

PHYSICIAN _____ **Address** _____ **Phone** _____

Any allergies, special problems, or physical limitations of which we should be aware? _____

NOTE: If child(ren) require medication, a Request for Administration of Prescription or Non-Prescription must be completed.

EMERGENCY CONTACT who can be contacted in case parent or guardian cannot be reached?

Contact 1 _____ Address _____

Relationship to Child _____ Home Phone _____ Cell Phone _____

Contact 2 _____ Address _____

Relationship to Child _____ Home Phone _____ Cell Phone _____

SESSIONS TIMES DAYS OF THE WEEK – circle days

A.M. SESSION	6:00 a.m. until school starts	Monday	Tuesday	Wednesday	Thursday	Friday
P.M. SESSION	School dismissal until 6:00 p.m.	Monday	Tuesday	Wednesday	Thursday	Friday

I acknowledge that the information is correct. Further, I understand and agree that it is my responsibility to notify Millburn Before and Afterschool Care, in writing, of any changes to this information.

 Legal Guardian Signature _____ Date _____

2nd Child ? ➔

Millburn Before and Afterschool Care

2024-25

REGISTRATION

Child #2 Full Name _____ Birthdate _____ Boy Girl

My child attends Millburn Elementary School Millburn Middle School

Millburn Before and Afterschool Care Start Date _____ Teacher _____ Grade _____

FAMILY INFORMATION

Legal Guardian #1

First and Last Name _____ Relationship to Child _____

Address _____ City _____, IL Zip _____

Home Phone _____ Cell Phone _____ Email _____

Employer _____ Work Phone _____

Legal Guardian #2

First and Last Name _____ Relationship to Child _____

Address _____ City _____, IL Zip _____

Home Phone _____ Cell Phone _____ Email _____

Employer _____ Work Phone _____

CHILD #2 lives with: Both Parents Mother Father Guardian Special Custody Information _____

PHYSICIAN _____ **Address** _____ **Phone** _____

Any allergies, special problems, or physical limitations of which we should be aware? _____

 NOTE: If child(ren) require medication, a Request for Administration of Prescription or Non-Prescription must be completed.

EMERGENCY CONTACT who can be contacted in case parent or guardian cannot be reached?

Contact 1 _____ Address _____

Relationship to Child _____ Home Phone _____ Cell Phone _____

Contact 2 _____ Address _____

Relationship to Child _____ Home Phone _____ Cell Phone _____

SESSIONS TIMES DAYS OF THE WEEK – circle days

SESSION 1	6:00 a.m. until school starts	Monday	Tuesday	Wednesday	Thursday	Friday
SESSION 2	School dismissal until 6:00 p.m.	Monday	Tuesday	Wednesday	Thursday	Friday

I acknowledge that the information is correct. Further, I understand and agree that it is my responsibility to notify Millburn Before and Afterschool Care of any changes to this information.

 Legal Guardian Signature _____ Date _____