



CONNECTIONS  
COMMUNITIES AND SCHOOLS

# Connections Registration Form

(You must completely filled out, this form to have your child participate in the Connections Program.) Please indicate the days of the week in which your child(ren) will be attending the after school program. (Please circle)

Child's Name	Connections Site:	_____	Days
(1) _____	D.O.B.: _____	Grade: _____ School: _____	M T W H F
(2) _____	D.O.B.: _____	Grade: _____ School: _____	M T W H F
(3) _____	D.O.B.: _____	Grade: _____ School: _____	M T W H F
(4) _____	D.O.B.: _____	Grade: _____ School: _____	M T W H F
(5) _____	D.O.B.: _____	Grade: _____ School: _____	M T W H F

### Parent/Guardian Information:

Mother/Guardian: _____	Father/Guardian: _____
Phone Number: (H) _____	Phone Number: (H) _____
(W) _____	(W) _____
Address: _____	City: _____ State: _____ Zip Code: _____
Custody Agreement Yes No NA child resides with _____	

### Emergency Contacts/ Others Who May Pick-up My Child(ren): friends, relatives, neighbors, etc.)

Name: _____	Name: _____
Phone Number: (H) _____	Phone Number: (H) _____
(W) _____	(W) _____

### If Medical Care is Necessary, Call:

Doctor: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Medical Information(Allergies or Medications): \_\_\_\_\_

Will you require Connections Staff to administer medication to your child(ren)? Y N  
(if YES, please fill out a Medication form at your child's Connection Site)

Other Information: \_\_\_\_\_

Sign out waiver: Yes No Time: \_\_\_\_\_

I have read the student/parent handbook and the enrollment agreement and agree to abide by the terms therein.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_