Returning Student
Spring Registration

Child’s Name: ____________________________________________________________

☐ Contact info and Phone number are the same. ☐ Contact info has changed.
New contact info: ____________________________________________________________________________

☐ Allergies/Special Considerations are the same ☐ Allergies/Special Considerations have
changed ________________________________________________________________________________

☐ Pick up Alternates are the same. ☐ Pick up Alternates have
changed ________________________________________________________________________________

☐ Photo Release is the same ☐ Photo Release has changed ________________________________

☐ Financial aid status is the same. ☐ Financial aid status has changed

☐ Attending Half Days ☐ will not be attending half days

☐ Attending Homework Help (5:15-5:45pm) * ☐ Not attending homework time

I certify that all AfterSchool information has been reviewed and/or updated for the spring 2017 semester.
Signature: ____________________________________________ Date ________________________________