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_______________________________