



AFTER - SCHOOL PROGRAM REGISTRATION FORM

Fill out a separate form for each child enrolling in HUB FOR LEARNING

School			
Child's Name	First:		Last:
Child's Address			
City/State/Zip			
Date of Birth			
Gender	M	F	
Grade			
Transportation	Yes	No	
Special Needs	Yes	No	If Yes, what?
Student I.D. Number			

Parent/Guardian:	Relationship:
Phone:	Email:
Parent/Guardian:	Relationship:
Phone:	Email:

Sign –Out Information

Safety is priority for the **HUB FOR LEARNING** After-School Program; therefore, no child enrolled will be released from the program without a parent/guardian signature or that of one of the three individuals listed below. (Note: The names below must be of someone 16 years or older.)

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

Parent/Guardian Signature: _____ Date: _____

*With my signature on the **HUB FOR LEARNING** After-School Registration Form, I acknowledge receipt of this document and give my consent to the confidential collection of this information.*

HUB USE ONLY

Date application was received ___/___/___ Attended Parent Orientation Y___ N___

First day of enrollment ___/___/___ Emergency cards completed Y___N___