D.A.C.C. After School Program 2009 - 2010
Registration Form

Office Use Only: Registration fee $25.00 paid on _____
Member/non-member rate Elementary 225/250 Middle 100/125
First month payment paid on _____

Child's Name_____ _____ _____
First Middle Last

Phone Number _____

Child's Home Address _____

Grade Level _____ Home Room Teacher _____

Childs physician: _____ Phone number _____

Hospital Preference _____

Parent Guardian #1

Name:_____

Complete Address (If different from child's):
_____

Phone number during hours of care:
_____

E-mail Address: _____

Parent Guardian #2

Name:_____

Complete Address (If different from child's):
_____

Phone number during hours of care:
_____

E-mail Address:_____

In case of an emergency where neither parent/guardian can be reached, who should we call?

_____ _____
Emergency Contact Name Contact's Phone Number

_____ _____
Emergency Contact Name Contact's Phone Number