

# Millburn Before and Afterschool Care

2023-24 REGISTRATION

Child #1 Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_  Boy  Girl

My child attends  Millburn Elementary School  Millburn Middle School

Millburn Before and Afterschool Care Start Date \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

*\*PLEASE PRINT\**

## **FAMILY INFORMATION**

### **Legal Guardian #1**

First and Last Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_, IL Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

### **Legal Guardian #2**

First and Last Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_, IL Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

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**CHILD #1** lives with:  Both Parents  Mother  Father  Guardian Special Custody Information \_\_\_\_\_

**PHYSICIAN** \_\_\_\_\_ **Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

*Any allergies, special problems, or physical limitations of which we should be aware?* \_\_\_\_\_

 NOTE: If child(ren) require medication, a Request for Administration of Prescription or Non-Prescription must be completed.

**EMERGENCY CONTACT** who can be contacted in case parent or guardian cannot be reached?

Contact 1 \_\_\_\_\_ Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Contact 2 \_\_\_\_\_ Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## **SESSIONS TIMES DAYS OF THE WEEK – circle days**

A.M. SESSION	6:00 a.m. until school starts	Monday	Tuesday	Wednesday	Thursday	Friday
P.M. SESSION	School dismissal until 6:00 p.m.	Monday	Tuesday	Wednesday	Thursday	Friday

I acknowledge that the information is correct. Further, I understand and agree that it is my responsibility to notify Millburn Before and Afterschool Care, in writing, of any changes to this information.

 Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

2<sup>nd</sup> Child ? 

# Millburn Before and Afterschool Care

2023-24 REGISTRATION

Child #2 Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_  Boy  Girl

My child attends  Millburn Elementary School  Millburn Middle School

Millburn Before and Afterschool Care Start Date \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

## **FAMILY INFORMATION**

### Legal Guardian #1

First and Last Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_, IL Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

### Legal Guardian #2

First and Last Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_, IL Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**CHILD #2** lives with:  Both Parents  Mother  Father  Guardian Special Custody Information \_\_\_\_\_

**PHYSICIAN** \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

*Any allergies, special problems, or physical limitations of which we should be aware?* \_\_\_\_\_

 NOTE: If child(ren) require medication, a Request for Administration of Prescription or Non-Prescription must be completed.

**EMERGENCY CONTACT** who can be contacted in case parent or guardian cannot be reached?

Contact 1 \_\_\_\_\_ Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_


Contact 2 \_\_\_\_\_ Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## **SESSIONS TIMES DAYS OF THE WEEK – circle days**

SESSIONS	TIMES	DAYS OF THE WEEK – circle days				
SESSION 1	6:00 a.m. until school starts	Monday	Tuesday	Wednesday	Thursday	Friday
SESSION 2	School dismissal until 6:00 p.m.	Monday	Tuesday	Wednesday	Thursday	Friday

I acknowledge that the information is correct. Further, I understand and agree that it is my responsibility to notify Millburn Before and Afterschool Care of any changes to this information.

 Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_