

2009-2010 Registration Form
Aldersgate After-School Program

School Attending: (Please Check)
 Easley: District **In** **Out**
 Carrington
 Eno Valley
 Chewning Year Round

Attendance:
 Full Time
 Part Time

Student's Name: _____
(Last) (First) (Middle) (Nickname)

Address: _____
(Street) (City) (State) (Zip)

Birth Date: _____ **Age:** _____ **Grade:** _____

Parent Email Address: _____

Father's Name: _____ **Home Phone:** _____ **Cell #** _____

Address: _____
(Street) (City) (State) (Zip)

Father's Employer: _____ **Work Phone:** _____

Mother's Name: _____ **Home Phone:** _____ **Cell #** _____

Address: _____
(Street) (City) (State) (Zip)

Mother's Employer: _____ **Work Phone:** _____



List the names of persons who are permitted to pick up your child from the After-School Program:

