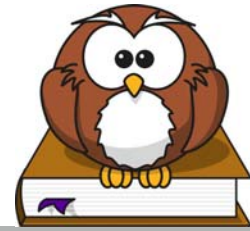


W.I.S.E. Afterschool Registration Form



Student Info	Parent/Guardian Info
Student's Name: _____	1st Parent/Guardian _____
Street Address: _____	2nd Parent/Guardian _____
City, State, ZIP _____	Home Phone _____
Birth Date: _____	Work Phone _____
School Attending _____	Cell Phone _____
Parent Email: _____	_____

Emergency Contact Info

In the event of an emergency, please contact the following individuals:

Name	Relationship	Phone Number

Parent/Guardian Consent:

The following individuals are authorized to pick up my child(ren) at the close of the day:

Name	Relationship	Phone Number

Does your child have an IEP or any learning difficulties? _____

Does your child suffer from any allergies or medical conditions? _____