



BHS After School Program Registration Form

Student _____ Phone _____

Teacher _____ Grade _____ Age _____

Parent/Guardian(s)

Emergency
Contact(s) _____

To the best of your knowledge, do you anticipate your child being a regular attendee (at least 2 days per week)? YES No

Are you interested in being a parent volunteer? YES NO

Is there any other information you would like to share? _____

Please list all persons and phone contact with permission to pick up your child.

I have reviewed the 2016-2017 After School Program Handbook.

Parent Signature _____ Date _____

Student Signature _____ Date _____