

**After School Child Care
Registration Form**
Marathon Area Elementary School
2023-24 School Year
(Beginning Friday, 09/01/2023)



Name: _____ Grade (2023-2024 school year) _____ Age _____

Medical Concerns: No Yes: _____

Name: _____ Grade (2023-2024 school year) _____ Age _____

Medical Concerns: No Yes: _____

Name: _____ Grade (2023-2024 school year) _____ Age _____

Medical Concerns: No Yes: _____

Parent Full Name _____

Parent Cell Phone _____ Home Phone _____

Primary Email address _____

Place of Employment _____

Work Phone _____

Emergency Contact Name _____

Emergency Contact Phone _____

Indicate days in which child care is needed _____

Estimated time of pick up _____

Parent Signature _____

Date _____

Child Care enrollment will be capped based on the number
of Child Care supervisors hired.
Earliest returned registration forms are given first consideration.