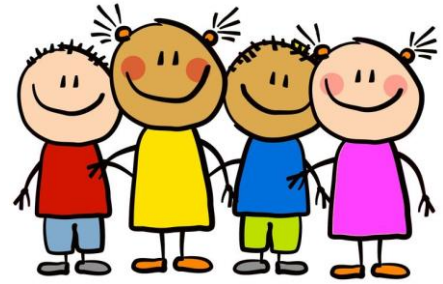


**After School Child Care
Registration Form**
Marathon Area Elementary School
2018-19 School Year
(Beginning Tuesday, 09/05/2018)



Student Full Name (one child per form) _____

Age _____ Grade (current school year) _____

Parent Full Name _____

Parent Cell Phone _____ Home Phone _____

Place of Employment _____

Work Phone _____

Emergency Contact Name _____

Emergency Contact Phone _____

Indicate days in which child care is needed _____

Estimated time of pick up _____

Name(s) of individual(s) who will be picking the child up:

Name: _____

Relation: _____

Name: _____

Relation: _____

Name: _____

Relation: _____

Medical Concerns _____

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.