

**After School Child Care
Registration Form**
Marathon Area Elementary School
2025-2026 School Year
(Beginning Tuesday, 09/02/2025)



Name: _____ Grade (2025-2026 school year) _____ Age _____

Medical Concerns: No Yes: _____

Name: _____ Grade (2025-2026 school year) _____ Age _____

Medical Concerns: No Yes: _____

Name: _____ Grade (2025-2026 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.