



# McCurdy After School Care Program

## Registration Form 2017-2018 School Year

**Student:**

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

**FAMILY:**

Parents are:  married  divorced  separated  single

Student lives with: \_\_\_\_\_

**FATHER**

Name \_\_\_\_\_

Address \_\_\_\_\_

Hm Phone \_\_\_\_\_

Wk Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Reliable E-mail \_\_\_\_\_

Place of Employment \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security \_\_\_\_\_

Legal Guardian if different than above \_\_\_\_\_

Relationship \_\_\_\_\_

**MOTHER**

Name \_\_\_\_\_

Address \_\_\_\_\_

Hm Phone \_\_\_\_\_

Wk Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Reliable E-mail \_\_\_\_\_

Place of Employment \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security \_\_\_\_\_