

**Williamsburg Academy After School Care Registration  
2012-2013**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

**Family Information**

Father \_\_\_\_\_ Contact # \_\_\_\_\_

Mother \_\_\_\_\_ Contact # \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Home Phone number \_\_\_\_\_ Cell \_\_\_\_\_

**People Allowed to Pick Up Child (Other than parents)**

\_\_\_\_\_  
\_\_\_\_\_

Tentative number of days child will be staying each week: \_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_