

PK—6<sup>TH</sup> GRADE AFTER-SCHOOL  
REGISTRATION  
FORM:

22 Jacksonville Rd, Colrain, MA 01340 - (413) 624.3451

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**CHILD'S INFORMATION:**

Name: \_\_\_\_\_

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

Known Allergies: \_\_\_\_\_

Requires Epi-pen?            YES            NO

**Parent or Guardian information:**

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Estimated Pick-up Time: \_\_\_\_\_

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

Emergency Contact(s): \_\_\_\_\_

**IMPORTANT INFORMATION:**

Does your child have and special limitations or concerns we should know about?

\_\_\_\_\_

\_\_\_\_\_

Is your child currently taking any medications? YES      NO

Please list medications and reasons for use:

\_\_\_\_\_

Please provide and additional information we may need to know:

\_\_\_\_\_

### PARENTAL CONSENT FORM:

Please fill out this form if you would like to grant permission for an adult other than the Child's parent(s) to pick up the child from The After School Program. This includes other family members, family friends, sitters/nanny's or a classmate's parent.

I \_\_\_\_\_ Parent of \_\_\_\_\_ grant the Colrain Central School PK-6th grade After School Program permission to release my child at pick-up to the names listed below:

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_

### PICTURE PERMISSION:

I give permission for my child's picture to be used for any PK-6th grade After School Program materials; such as flyers, school run social media pages, and parent newsletters

YES \_\_\_ NO

Child's Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_