



Avon Grove Charter School 2020-2021 Before and After Care Registration Form

Name of Child: _____ Date of Birth: _____

Age of Child by September 1, 2020 _____ Male _____ Female _____

Before and After Care Hours

(Please circle days attending)

Before School Care (7:00 am - 8:05 am) _____ M T W Th F

After School Care (3:15 pm - 6:00 pm) _____ M T W Th F

Interest in care on ½ day _____ Y _____ N

Parent and Guardian Information:

Mother's/Guardians Name: _____

Phone # _____

Email Address: _____ Cell Phone: _____

Place of Employment _____ Phone #: _____

Employment Address: _____

Father's/Guardian's Name: _____

Phone# _____

Address: _____

Email Address: _____

Cell Phone: _____

Place of Employment: _____ Phone #: _____

Emergency Contact Name and Phone # _____

Marital Status: Married ____ Single ____ Divorced ____

If Parents do not live at the same address, with whom does the child live?

Signature of Mother/Guardian _____ Date: _____

Signature of Father/Guardian _____ Date: _____