Waters Elementary Before Care Program Registration Form

Student Info

First Name _____

Last Name _____

Grade/Class _____

Address _____

City/State/Zip _____

Phone _____ Alt Phone _____

Email _____

Approximate Drop-Off Time: _____

Allergies/Medical conditions: _____

Parent/Guardian Info

First Name _____

Last Name _____

Cell Phone _____ Work Phone _____

Email _____

Parent/Guardian Infor

First Name _____

Last Name _____

Cell Phone _____ Work Phone _____

Email _____