

**SAS – SHUTESBURY AFTER SCHOOL PROGRAM  
REGISTRATION**

Full Name (Child): \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade & Teacher : \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

**PARENT/Guardian Name(s): #1** \_\_\_\_\_

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

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Additional Phone Contact: \_\_\_\_\_

**PARENT/Guardian Name(s): #2** \_\_\_\_\_

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

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Additional Phone Contact: \_\_\_\_\_

**ALTERNATE PICK-UPS**

Please list any alternate persons(s) that you anticipate may pick up your child/children.

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

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

**EMERGENCY CONTACT INFORMATION**

Persons to be notified in case emergency when parent(s) or guardian cannot be notified:

Emergency Contact #1

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

Emergency Contact #2

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

MEDICAL & HEALTHCARE  
INFORMATION

Please list any disabilities, chronic illnesses, or other conditions that require special consideration by this program:

\_\_\_\_\_

Please contact the SAS staff directly to discuss any specific instructions.

Please list any Allergies we should be aware of (medications, foods, insects, etc.) \_\_\_\_\_

\_\_\_\_\_

Full Name of Pediatrician: \_\_\_\_\_

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

MEDICAL INSURANCE:

Subscriber's name and relationship: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian

Date

Please list the day(s) of the week you wish to enroll your child(ren):

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

**YOU MUST FILL OUT A YELLOW "NOTE TO SCHOOL" TO BEGIN THE DAYS SELECTED. PLEASE SEND A "STANDING NOTE" IF YOU HAVE A SET SCHEDULE. THANK YOU.**

**Please return completed form to SAS program or to SES School Secretary**