

# The Tree House

After School Care

## Registration



### Child's Information

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

Grade: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

### For which program/s and days are you registering? (please circle)

BEFORE SCHOOL    Monday    Tuesday    Wednesday    Thursday    Friday

AFTER SCHOOL    Monday    Tuesday    Wednesday    Thursday    Friday

At approximately what time do you expect to pick your child up from after school care?

\_\_\_\_\_ PM

### Permission and Acknowledgements

I acknowledge that all information provided to Summit Academy on my child's yellow "Student and Family Information" sheet including medical information, emergency contact, and pick-up authorization, is accurate and up-to-date. All permissions given to Summit Academy staff through my signature on the yellow "Student and Family Information" sheet also pertain to Tree House staff.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)