

**LISBON SCHOOL AGE CHILDCARE**  
**Registration for School Year 2023– 2024**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M or F

Fall Entering Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Bus # \_\_\_\_\_

Please indicate needed enrollment days and time blocks:

\_\_\_\_\_ Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_

7:00 AM – 8:00 AM \_\_\_\_\_

3:00 PM – 6:00 PM \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Mother: Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell Telephone: \_\_\_\_\_

Address if different from above: \_\_\_\_\_

Employer- Full Name and Location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Father: Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell Telephone: \_\_\_\_\_

Address if different from above: \_\_\_\_\_

Employer- Full Name and Location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Emergency Contacts/Authorized Adults to pick up child. **At least 3 listings are required.**

	Name:	Home Tel.	Work Tel.	Cell Tel.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

\*Parents must notify program manager of any changes in parent or authorized contact/pickup information.

Information about your child and his/her favorite activities: \_\_\_\_\_

Annual registration fee of \$30.00 per family is due and payable at the time of registration.

I have read, understand and agree to Lisbon School Age Childcare Program Policies

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