

After-School Care Program      Drop-In Form

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

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone # \_\_\_\_\_

Allergies or any information needed:

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Enclose \$20.00 and bring to school the day care is needed!

Please note pick up is at lunchroom door in the back of the building.

Any questions, please call Donna Catrino    856-296-6056