

**BROOKHAVEN ACADEMY AFTER SCHOOL CARE  
REGISTRATION**

STUDENT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

STUDENT'S HOMEROOM TEACHER \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

HOME TELEPHONE NUMBER \_\_\_\_\_

WORK TELEPHONE NUMBERS

FATHER \_\_\_\_\_

MOTHER \_\_\_\_\_

CELLULAR PHONE NUMBERS

FATHER \_\_\_\_\_

MOTHER \_\_\_\_\_

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD. PLEASE LIST NAMES AND TELEPHONE NUMBERS. STUDENTS WILL NOT BE ALLOWED TO LEAVE WITH ANYONE NOT LISTED WITHOUT **WRITTEN** PERMISSION FROM THE PARENT.

NAME	PHONE #
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**PLEASE NOTE: THOSE DESIGNATED TO PICK UP A CHILD FROM AFTER SCHOOL CARE MUST PARK THEIR VEHICLE AND SEE AN AFTER- SCHOOL CARE WORKER TO SIGN THE APPROPRIATE FORM BEFORE THE CHILD WILL BE DISMISSED.**

IN CASE MY CHILD IS NOT PICKED UP ON TIME, THE FOLLOWING PERSON OR PERSONS MAY BE CALLED FOR STUDENT PICKUP:

\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

\_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

DAYCARE FEE: \$35.00 per week/\$7.00 per day