



OLIVET ACADEMY

AFTER-SCHOOL PORGRAM 2015-2016

OLIVET ACADEMY AFTER SCHOOL – JANUARY~MARCH 2016 REGISTRATION FORM

() MON, () TUE, () WED, () THU, () FRI : 3-6PM

NAME OF CHILD _____

BIRTHDATE (MM/DD/YEAR) _____

NAME OF PARENT 1: _____

CONTACT NUMBER: _____

EMAIL ADDRESS: _____

NAME OF PARENT 2: _____

CONTACT NUMBER: _____ EMAIL

ADDRESS: _____ EMERGENCY

CONTACT IF YOU CANNOT BE REACHED:

NAME _____

NUMBER _____

PLEASE STATE ANY ALLERGIES OR OTHER MEDICAL CONDITIONS OF YOUR
CHILD

NONE

SPECIFY ANYTHING TEACHERS AND STAFFS KNOW ABOUT YOUR CHILD.

