The Wildcat Den Registration 2020-2021
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Name.	Grade:
Address:	
City:	Phone:
Regular aftercare schedule: circle one:	:Y/N (if yes days): M T W TH F
Schedule will vary: Y / N A note will be s	sent in (weekly/monthly) stating days student will attend.
Approximate pick-up time:	
Mother's Name	
Cell Number:	Work Number:
Father: Name	
Cell Number:	Work Number:
In case of EMERGENCY which parent sh	ould be contacted first?
PERSONS PERMITTED TO PICK-UP ABO	OVE NAMED STUDENT(S):
Name:	Relationship:
Phone Number:	
Name:	Relationship:
Phone Number:	
Name:	Relationship:
Phone Number:	
Allergies or medical conditions we shou	uld be aware of?