

**Crown of Life Before/After School Care 2020-2021  
Registration Form**

**1292 Tally Ho Trail Hubertus, WI 53033  
(262) 628-2550 ext 204**

Child's Name: \_\_\_\_\_  
Last First MI

Name Child Goes By: \_\_\_\_\_ Sex: M/F

Birthdate: \_\_\_\_\_

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

Phone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mails: \_\_\_\_\_

First Day of Attendance: \_\_\_\_\_

Days and Times:	Arrival	Pick up
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

You will be charged the minimum number of hours the week you have requested above.  
Any changes to this schedule must be handed in by 8:30am Thursday the week before.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Parent or Guardian Information

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Father's Occupation and Place of Employment: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Mother's Occupation and Place of Employment: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Family Information

Brothers and/or sisters (please indicate ages and whether they live with the child):

Name	Age	In Home with Child? Y/N
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any other persons living with the child and their relationship (if any) to child

\_\_\_\_\_

Family Religion: \_\_\_\_\_

Home Church: \_\_\_\_\_

Is Child Baptized: Yes / No

Any Additional Comments: \_\_\_\_\_