



**Austin Independent School District**

**AFTER SCHOOL CHILD CARE PROGRAM CHECKLIST**

- Registration Application Form
- Parent Acknowledgement Form
- Tuition Payment Option Form
- Registration Fees

**PEASE ELEMENTARY PEP REGISTRATION FORM**

**2017-2018**

**Please Print**

**STUDENT INFORMATION:**

**Student(1) Name:** \_\_\_\_\_ **Grade in Fall 2017** \_\_\_\_\_

**Special Medical Conditions/Allergies of which PEP should be aware:** \_\_\_\_\_

\_\_\_\_\_

**Student(2) Name:** \_\_\_\_\_ **Grade in Fall 2017** \_\_\_\_\_

**Special Medical Conditions/Allergies of which PEP should be aware:** \_\_\_\_\_

\_\_\_\_\_

**Student(3) Name:** \_\_\_\_\_ **Grade in Fall 2017** \_\_\_\_\_

**Special Medical Conditions/Allergies of which PEP should be aware:** \_\_\_\_\_

\_\_\_\_\_

**Student(4) Name:** \_\_\_\_\_ **Grade in Fall 2017** \_\_\_\_\_

**Special Medical Conditions/Allergies of which PEP should be aware:** \_\_\_\_\_

\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

**Parent/Guardian (1) Name:** \_\_\_\_\_

**Home #/Work #/Cell#:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Parent/Guardian (2) Name:** \_\_\_\_\_

**Home #/Work #/Cell#:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**EMERGENCY CONTACT FOR AUTHORIZED PICK-UPS: PLEASE PROVIDE AT LEAST 2**

**Contact (1) Name:** \_\_\_\_\_

**Phone Numbers:** \_\_\_\_\_

**Contact (2) Name:** \_\_\_\_\_

**Phone Numbers:** \_\_\_\_\_

(over)

**PHYSICIAN/HOSPITAL PREFERENCE:**

If necessary

Physician: \_\_\_\_\_

Hospital: \_\_\_\_\_

Number: \_\_\_\_\_

Number: \_\_\_\_\_

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

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

**For Office Use:**

Received by: \_\_\_\_\_  
*(Name)*

\_\_\_\_\_ *(Date)*

\_\_\_\_\_ *(Time)*