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**Chabot After-School Programs Registration Form**

\*\*\*Please check the catalog, by class, for unique registration requirements/instructions\*\*\*

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

Class Name: \_\_\_\_\_

Class Day: \_\_\_\_\_ Class Time: \_\_\_\_\_

1) Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Room: \_\_\_\_\_ Teacher: \_\_\_\_\_

2) Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Room: \_\_\_\_\_ Teacher: \_\_\_\_\_

1) Parent/Guardian: \_\_\_\_\_

Phone # (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: (print clearly) \_\_\_\_\_

2) Parent/Guardian/Emergency Contact: \_\_\_\_\_

Phone # (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: (print clearly) \_\_\_\_\_

Will your child attend Adventure time before:                      Yes                      No

Will your child attend Adventure time after:                      Yes                      No

Parent/Guardian signature: \_\_\_\_\_