

RiponAfterschoolProgram

Does your child have any allergies, fears, or strong dislikes?

Are there any court papers on file concerning your child? If
so, we will need a copy.

What does your child enjoy? Art & crafts, games, reading, etc?

Is there anything else we should know about your child?

Does your child have any accommodations or paperwork on file with
the district? If yes, what kind?

Please fill out the days you will need care.

Mornings		Afternoon		Breaks	
Monday	<input type="checkbox"/>	Monday	<input type="checkbox"/>	Monday	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>
Friday	<input type="checkbox"/>	Friday	<input type="checkbox"/>	Friday	<input type="checkbox"/>

Date

Parent/Guardian's Signature