SY 2026-27

Cutten-Ridgewood
After School Program Registration

Child Information

Name_____
Grade _____
Teacher_____

School **Cutten** **Ridgewood**
Days Needed **M T W TH F**
School Year Needing Care_____

Parent/Guardian Information

Name_____
Address_____
_____
City_____Zip Code_____
Home Phone_____
Work Phone_____
Cell Phone_____
Email_____

Name_____
Address_____
_____
City_____Zip Code_____
Home Phone_____
Work Phone_____
Cell Phone_____
Email_____

Pick Up Information

Cutten Students only

My child may walk or ride a bike home.
Yes_____ No_____
At what time may they leave?_____

Cutten and Ridgewood Students

I will pick up my child: Yes_____No____
Someone else will pick up my child.
Yes_____No_____

My child may be picked up by:

_____
Name Relationship/Phone

_____
Name Relationship/Phone

_____
Name Relationship/Phone

Emergency Information

Who can we contact in case of an emergency if we are **unable** to contact you?

1. Name_____
Home Phone_____
Work Phone_____
Cell Phone_____
Relationship_____

2. Name_____
Home Phone_____
Work Phone_____
Cell Phone_____
Relationship_____

3. Name_____
Home Phone_____
Work Phone_____
Cell Phone_____
Relationship_____

Medical Information

Does your child have any medical conditions or allergies? Yes_____No_____
Describe:_____
_____
_____

Does your child take any medication?
Yes_____No_____
Type:_____
Is there any other information we should know regarding your child?_____
_____
_____
_____
_____

I give permission for any licensed medical provider to perform any necessary medical service should there be an emergency situation when I am unable to be contacted.

Parent/Guardian Signature:

_____
Name Date