

2017 - 2018

**Swansea Surround Care Registration Form**

Date \_\_\_\_\_

Parent/Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Home Phone \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

**Please specify your child's start date:** \_\_\_\_\_

Child #1 Name \_\_\_\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_

**Check the appropriate days & times below:**

	Monday	Tuesday	Wednesday	Thursday	Friday
Before school	_____	_____	_____	_____	_____
After school	_____	_____	_____	_____	_____
Both-before and after	_____	_____	_____	_____	_____

Child #2 Name \_\_\_\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_

**Check the appropriate days & times below:**

	Monday	Tuesday	Wednesday	Thursday	Friday
Before school	_____	_____	_____	_____	_____
After school	_____	_____	_____	_____	_____
Both-before and after	_____	_____	_____	_____	_____