



AFTER SCHOOL KIDS UNDER SUPERVISION INC

# ASK US REGISTRATION FORM

(Please print)

START DATE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

GENDER \_\_\_\_\_ D.O.B. \_\_\_\_\_ GRADE IN THE FALL \_\_\_\_\_

SCHOOL \_\_\_\_\_

### CIRCLE THE DAYS NEEDED EACH WEEK

M  
AM/PM

T  
AM/PM

W  
AM/PM

TH  
AM/PM

F  
AM/PM

NUMBER OF DAYS PER WEEK AM \_\_\_\_\_ PM \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE# \_\_\_\_\_

EMAIL \_\_\_\_\_

MOM'S WORK # \_\_\_\_\_ MOM'CELL# \_\_\_\_\_

DAD'S WORK# \_\_\_\_\_ DAD'S CELL# \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

PHONE# \_\_\_\_\_