

# AFTER THE BELL 2023-2024



Please register your child and pay the appropriate fee using a Program Registration Form, then complete **one Information Form for each child enrolled** in After the Bell. Return this form & any additional forms to the front desk at Arrowhead Community Center no later than your start date.

## General Information:

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Grade for '23-'24: \_\_\_\_\_

## Parent/Guardian Information:

**Are both parents/guardians authorized to pick up child? YES/NO**

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

**\*Emails will be our main form of communication, please make sure to put an email down to stay updated.**

## Authorized Pick Up List:

List those who are authorized to pick up your child. Children may only leave with those listed on this form.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please See Reverse Side**

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## About Your Child:

Please provide any information that you believe will make your child more comfortable at our program. Please include any interests, activities, games, etc.

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- **Will our staff be required to administer medication to your child**
    - YES or NO
    - If so, a **Permission to Dispense Form must be completed.**
  - **Does your child have any allergies?**
    - YES or NO
    - If yes, please explain.
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- **Has your child been diagnosed with autism, ADD/ADHD or any other medical condition? This information will help ensure a successful school year for your child.**
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- **Does your child require any special accommodations?**
    - YES or NO
    - If yes, please explain and attach any written documentation regarding the accommodation.
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The Behavior Contract and Parent Code of Conduct forms need to be filled out before your child's first day.

If you have any additional questions, please call the Program Supervisor, Paulina Tredennick  
815-521-3111 or [ptredennick@channahonpark.org](mailto:ptredennick@channahonpark.org)