

2024-2025 Morning Grovers Registration

Before School Care Program 6:30 a.m. – 8:40 a.m.

Date of Registration: _____ Registration Fee: Single (\$40) ___ Family (\$60) ___

Child's Name _____ Grade _____ D.O.B _____ M ___ F ___

Address _____ City _____ Zip _____

Mother's Name _____ Email _____

Home Phone # _____ Work # _____ Cell # _____

Address _____ City _____ Zip _____
(if different than child)

Father's Name _____ Email _____

Home Phone # _____ Work # _____ Cell # _____

Address _____ City _____ Zip _____
(if different than child)

Emergency Contact #1

Name: _____ Relationship to child: _____

Phone Number: _____ Alt. phone #: _____

Emergency Contact #2

Name: _____ Relationship to child: _____

Phone Number: _____ Alt. phone #: _____

Medical Information

Doctor: _____ Phone #: _____

Hospital Preference: _____

Allergies: _____

Medication: _____

Special Needs - including diet: _____

Days of Program attendance: (minimal of 2 days required per week)

Days of attendance: Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Time of drop-off: 6:30am ___ 7:00am ___ 7:30am ___ 8:00am ___