

P.S. 185 After School Program 2017 - 2018

Student Information

Family Last Name: _____

First Name: _____ Class: _____

First Name: _____ Class: _____

First Name: _____ Class: _____

First Name: _____ Class: _____

Parent Information

Last Name: _____ First Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City, State, Zip: _____

Email Address: _____

Emergency Contact Information

Name	Relationship	Home Phone	Cell Phone

Parent Signature: _____ Date: _____