



TWO RIVERS
Community School

**After School Registration Information
2023-2024**

Student Information

Student's Full Name _____

Student's Preferred Name _____ **Grade:** _____

Home Address _____

City _____ **State** _____ **Zip Code** _____

Birthdate _____

Does your child have allergies or medication _____

Are there any physical limitations that might interfere with your child's ability to do school work or participate in physical activities _____

Is there anything else important that you would like to share with us about your child?

Parent/Guardian/Emergency Contact Information

Name of Parent/Guardian _____

Occupation/Employer _____

Primary phone _____ **Work phone** _____

Email Address _____

Name of Parent/Guardian _____

Occupation/Employer _____

Primary phone _____ **Work phone** _____

Email Address _____

Emergency Contact Name: _____

Primary phone _____ **Work phone** _____

Billing Information: We bill monthly through Paypal. You can pay online or you can make a payment in the office. Online payments will include the Paypal fee. Please let us know which parent should receive the bill.

Email for billing purposes: _____

If your child lives in more than one household and you'd like us to bill each parent separately, depending on after school use, please list both emails below and we'll contact you about how to indicate which days should be billed to which parent on the after school sign-out form:

Email A: _____

Email B: _____