

**Furtah Preparatory School**  
*Aftercare Registration Form*  
*E-fax: 678-324-3911*

*2009-2010*

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**The following person(s) have permission to pick up my child:**

**Name:** \_\_\_\_\_

Phone No.:  
\_\_\_\_\_

Relation to child: \_\_\_\_\_

**Name:** \_\_\_\_\_

Phone No.:  
\_\_\_\_\_

Relation to child: \_\_\_\_\_

**Name:** \_\_\_\_\_

Phone No.:  
\_\_\_\_\_

Relation to child: \_\_\_\_\_

**Please note any special medications or food allergies we need to know about:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_