



AFTER SCHOOL PROGRAM REGISTRATION FORM

CHILD'S NAME: _____ GRADE: _____

PARENT(S)/GUARDIAN(S) NAMES: _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

NAME & PHONE# OF 2 EMERGENCY CONTACTS:

1. _____

2. _____

PERSON RESPONSIBLE FOR PAYMENT: _____

I/We the parents of the above named child(ren) hereby give my/our approval to his/her/ their participation in any and all of the activities of The Neighborhood House after school program. I/We assume all risks and hazards incidental to the conduct of the activities. I/ We hereby waive all claims against the organizers, sponsors, directors or any of the supervisors in case of injury to my child(ren).

Signature: _____ Date: _____

PLEASE DROP OFF COMPLETED FORM OFF IN THE MAIN OFFICE AT NEIGHBORHOOD HOUSE,

FAX THE FORM (207-276-5655), OR MAIL TO PO BOX 332 NEH, ME 04662