

**Before & After School Program  
New Participant Information Form**

Child's Name \_\_\_\_\_

Child's School \_\_\_\_\_ Start Date: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Please Circle the days they will be attending:**

<b>Mon.</b>	<b>Tues.</b>	<b>Wed.</b>	<b>Thurs.</b>	<b>Fri.</b>
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM
BOTH	BOTH	BOTH	BOTH	BOTH

- Please email [dmacdonald@addisonparks.org](mailto:dmacdonald@addisonparks.org) or drop off at Centennial Rec Center

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