



Friday Fun Days!
Arts & Activities
Registration Form 2024-2025

Child's Name _____

Birth Date _____ Age _____ Gender _____

Address _____

City _____ Zip _____

Cell Phone _____

Email address _____

Emergency Contacts

1. Name _____

Relationship _____

Cell Phone _____ Home Phone _____

2. Name _____

Relationship _____

Cell Phone _____ Home Phone _____

Food Allergies (if any): _____

Please note: COHS staff may not administer medication to children.

_____ I understand After School Care is ONLY being offered on Friday afternoons when school is in session.

_____ I understand I must provide a packed lunch for my child to eat at school on these days.

PARENT/GUARDIAN SIGNATURE _____

Date _____