


Blackhawk **C**hristian **S**chool

After School  All Stars

Child's Name: _____

Age: _____ Grade: _____

Birthdate: _____

Homeroom Teacher: _____ Room # _____

Parent's Name: _____

PHONE NUMBERS

HOME # _____

CELL # _____

WORK # _____

EMAIL _____

DAYS OF CARE NEEDED:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

DROP IN CARE ONLY _____

CHECK # _____ AMOUNT _____
 RECEIVED BY # _____ DATE _____

