

Rhema Word Christian Academy

Aftercare Sign-Up Sheet

Date: _____

Student Information:

Student Name: _____

Grade: _____

Parent/Guardian Name: _____

Contact Number: _____

Email Address: _____

Aftercare Days:

(Please check the days your child will attend aftercare)

Monday

Tuesday

Wednesday

Thursday

Friday

Special Instructions/Allergies:

(Please list any special instructions or allergies)

Emergency Contact Information:

Name: _____

Relationship to Student: _____

Phone Number: _____

Parent/Guardian Signature: _____

Date: _____