

**Morristown After School Program**  
 School Year Program Reregistration  
 PO Box 858 Morristown, Vermont 05661

	<b>Welcome Back to the MASP Program!</b>
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**Registering Parent:** \_\_\_\_\_

**Child Information:**

Child's Name	Grade Entering	Teacher

**Child's Weekly Schedule My child's first day will be on \_\_\_\_\_.**

Day of the Week	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Mark X on days your child will attend</b>					
<b>Approximate Pickup Time</b>					

**Please Check Below as Applicable:**

\_\_\_ I have reviewed all previous registration information. All information remains current. No changes need to be made.

\_\_\_ I have reviewed all previous registration information. The following changes need to be made. Please make available to me the following documents. Circle all forms needed.

- Child's Doctor, Dentist, Insurance Information, Known Allergies
- Parent Phone Numbers, Address, E-Mails
- Authorized Adults & Emergency Contacts
- Media Release Authorization, Sunscreen, Field Trip Release, Permission to Speak with Others.
- Health History
- Health Screening Tool

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_