



3662 Poinsettia Ave SE, Grand Rapids, MI 49508

Tel: 616-243-6221 • Fax: 616-243-0305

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2015-2016 NBCA Green Kids Before & After School Childcare Registration Form

Please complete a form for each child registering for Child Care. School must have all paperwork on file in order to enroll in program (birth certificate, immunization record, emergency contacts).

STUDENT INFORMATION

Name: _____

Address _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Grade: _____ Gender: M or F

Days I plan on using Child Care:

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

Legal Guardian #1 (Primary Contact)

Name: _____

Address: _____

Relationship: _____ Home Phone: _____ Cell Phone: _____

Employer Name: _____ Work Phone: _____ Ext. _____

Alternate Phone: _____ Work Hours: _____

E-mail address: _____

Legal Guardian #2 (Secondary Contact)

Name: _____

Address: _____

Relationship: _____ Home Phone: _____ Cell Phone: _____

Employer Name: _____ Work Phone: _____ Ext. _____

Alternate Phone: _____ Work Hours: _____

E-mail address: _____



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Emergency Contact (Third Contact)

Name: _____

Address: _____

Relationship: _____ Home Phone: _____ Cell Phone: _____

Employer Name: _____ Work Phone: _____ Ext. _____

Alternate Phone: _____ Work Hours: _____

E-mail address: _____

MEDICAL INFORMATION

Family Doctor: _____ Phone: _____

Special Medical Needs: _____

List any medication currently being taken by child:

I give NBCA permission to secure emergency medical and/or surgical treatment my named minor child while in care.

Parent Signature: _____ Date: _____