

Trussville City Schools 2019-2020 After School Care  
CAHABA \*\*\* MAGNOLIA \*\*\* Paine  
(Circle One)

**(TCS EMPLOYEES) REGISTRATION (THURSDAYS ONLY)**

Child's Name \_\_\_\_\_ Name called \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present Age \_\_\_\_\_ Sex \_\_\_\_\_ (H) Phone \_\_\_\_\_

Child's Grade \_\_\_\_\_  
(2019-2020 School Year)

Address \_\_\_\_\_

Employee: Name \_\_\_\_\_ School \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse: Name \_\_\_\_\_ Occupation \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Doctor's name & phone number in emergency \_\_\_\_\_

Nearest relative or neighbor to contact in emergency if parents cannot be reached:

Name \_\_\_\_\_ (H)Phone \_\_\_\_\_ (W)Phone \_\_\_\_\_

Name \_\_\_\_\_ (H)Phone \_\_\_\_\_ (W)Phone \_\_\_\_\_

Persons authorized to pick up child. *(Child can only be picked up by persons on this list.)*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**My child will get on the 3pm TCS Shuttle Bus to bring them to my work location? YES or NO\***  
(circle one)

Allergies \_\_\_\_\_ Fears \_\_\_\_\_

Any health problems? \_\_\_\_\_ Medication required? [ ] Yes [ ] No

Medication taken regularly \_\_\_\_\_

\*\*\*\*\*  
**To Be Completed by ASC Manager:**  
First Semester Payment (\$30) Received: \_\_\_\_\_ Second Semester Payment (\$34) Received: \_\_\_\_\_  
(date) (date)

***\*If your child doesn't ride the TCS shuttle, you must pick him/her up from the program by 3:30 pm !  
Payment is by semester (due by the second Thursday of the semester) and is non-refundable.***

*This registration page is intended solely for the use of Trussville City School Employees  
to register their child for Early Dismissal - THURSDAY ONLY After School Care.*