

# Panther Care

## Aftercare Enrollment Form

### Student Information:

Name \_\_\_\_\_

Grade \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_

Allergies \_\_\_\_\_

Days of expected attendance:

\_\_\_\_\_

### Additional Information

\_\_\_\_\_

Parent Name \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

For questions or more information, contact Hannah Young at [hyoung@bcspanthers.org](mailto:hyoung@bcspanthers.org)