



**City of North Liberty**  
**Before and After School Program Registration Form**

**Child Information**

First Name _____	Last Name _____
Address _____	City _____ Zip _____
Phone _____	Birth Date _____ Grade _____
Child's School _____	
Circle BASP You are signing up for	Recsters AM / PM / Both
	Buford Garner AM / PM / Both
Child Resides with: (Circle One) Mother Father Both Other _____	
Does your child have any special needs? Yes No - If yes, please explain _____	
Has your child ever been denied service at a prior program? Yes No	
List any adults able to pick up your child besides parents. _____	

**Parent Information**

<i>Parent #1</i>	<i>Parent #2</i>
First Name _____	First Name _____
Last Name _____	Last Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Work Phone _____	Work Phone _____
Email _____	Email _____

\*Most of our correspondence is done through Email. If you aren't receiving emails after sign up, please let us know!