

After Care Program

STUDENT REGISTRATION

Child's Name Grade Date of Birth

Expected Days of Attendance Monday Tuesday Wednesday Thursday Friday

Child's Address
Address Telephone Number

Mother's Name Email
Mother's Employment
Address & Telephone Cell Phone Number

Father's Name Email
Father's Employment
Address & Telephone Cell Phone Number

Person authorized to pick up child daily
Name Telephone Number Relationship to Child

Emergency Contact if parents cannot be reached
Name Telephone Number Relationship to Child

Child's Doctor
Name Telephone Number

Child's Dentist
Name Telephone Number

Does your child have any medical problems or allergies? No Yes (please explain below)

In **EMERGENCIES** requiring medical attention, your child will be taken to the **NEAREST HOSPITAL EMERGENCY ROOM**. Your signature authorizes the responsible person at the after care facility to have your child transported to that hospital.

Signature of Parent or Guardian Date

REGISTRATION FEE: \$30.00 per child (made payable to Little Flower School check # _____)