



**Saint Anthony Catholic School
After School Program 2019-2020**

Last Name: _____

Child(ren): (1) _____ (2) _____
Grade _____ Age _____ Grade _____ Age _____
(3) _____ (4) _____
Grade _____ Age _____ Grade _____ Age _____

People who have permission to pick up child(ren):

(ID REQUIRED)

Name: _____	Name: _____
Relation: _____	Relation: _____
Name: _____	Name: _____
Relation: _____	Relation: _____

Father's/Guardian's Name: _____

Cell #: _____ Home #: _____ Work# _____

Mother's/Guardian's Name: _____

Cell #: _____ Home #: _____ Work# _____

Other contact (in case parents/guardians cannot be reached)

Name: _____ Relation: _____

Cell #: _____ Home #: _____ Work #: _____

Allergies or other medical information:

Additional Notes:

(PLEASE BE COURTEOUS AND HAVE CHILDREN PICKED UP NO LATER THAN 6:00PM)

Estimated pick-up time: _____