

ST. MARY AFTER SCHOOL PROGRAM
Registration/Emergency Contact Form
2018-2019

Family Name _____

Child _____ Grade _____
Allergies/dietary restrictions _____

Child _____ Grade _____
Allergies/dietary restrictions _____

Child _____ Grade _____
Allergies/dietary restrictions _____

Home Address _____

Home Phone Number _____

Preferred E-Mail Address _____

Mother/Guardian _____ Work Phone _____

Place of Employment _____ Cell Phone _____

Father/Guardian _____ Work Phone _____

Place of Employment _____ Cell Phone _____

**Which parent should be contacted first? _____ Mother _____ Father

**Please list the order (1-3) in which you would like use to call you?
_____ Home _____ Work _____ Cell _____ Other

Physician _____ Phone _____

Dentist _____ Phone _____

Persons authorized to provide transportation or be contacted in an emergency:

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

*We wish to honor our open program, but we must have all applications and \$30 Family Registration Fee by **Tuesday, June 19th** to adequately prepare for fall.*

OFFICE USE ONLY

\$30 Family Registration Fee (\$50 Late Fee After June 19th)

Date Received _____ Check Number _____

E-Mail Added to Mailing List