

ST. MARY AFTER SCHOOL PROGRAM  
Registration/Emergency Contact Form  
2019-2020

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 Monday, July 1<sup>st</sup> to adequately prepare for fall.*

**OFFICE USE ONLY**

\$30 Family Registration Fee (\$50 Late Fee After Monday, July 1<sup>st</sup>)

Date Received \_\_\_\_\_ Check Number \_\_\_\_\_

E-Mail Added to Mailing List