

Student's Name _____ Grade Fall 2021 _____
(Last, First)

Kateri Kids Before & After School Program Registration and Contact Information

Parent/Guardian(s) Name _____
Address _____ City _____
State, Zip _____ Child's DOB _____
Home Phone (____) _____ Cell(____) _____ Work(____) _____
Email address _____

Student's Name _____ Grade/Teacher _____
Student's Name _____ Grade/Teacher _____
Student's Name _____ Grade/Teacher _____

My child will be in: Before School (7-8am) After School (3pm-4pm)
(Check all that apply) After School (3pm-5pm)
 After School (3pm-6pm)

IF ASP ONLY: What school will your child arrive from? _____

Are there any medical concerns the staff of the ASP (After School Program) should be aware of?
Yes No Please Explain: _____

In case of an emergency, the following persons should be contacted:

- O Name _____ Phone Number (____) _____ Relationship _____
- O Name _____ Phone Number (____) _____ Relationship _____
- O Name _____ Phone Number (____) _____ Relationship _____

Please check the names of those listed above who have permission to pick your child up from Kateri Kids ASP (ID will be required). List any additional contacts on the back of this page.

All financial arrangements for Kateri Kids Before and After School Program must be made with Jenny Kraus, Business Manager. Unless prior arrangements have been made, payment will be included with tuition payment.

Parent/Guardian Signature

Date