

ST. AIDAN AFTER SCHOOL PROGRAM

510/525 Willis Avenue, Williston Park, NY 11596 516-746-6585 ext. 202/302

FAMILY REGISTRATION FORM (\$25.00 per family)

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Mother's Name _____ **Home Phone** _____ **Cell** _____

Business Firm _____ **Business Phone** _____

Business Address _____

Father's Name _____ **Home Phone** _____ **Cell** _____

Business Firm _____ **Business Phone** _____

Business Address _____

Emergency Contacts (Minimum of 2 local adults): Provide information for persons who may be notified during program hours in case of emergency and who are authorized to pick up your child. Contacts living close to the school are preferred.

Name: _____ **Relationship to child:** _____

Address: _____ **Phone:** _____

Name: _____ **Relationship to child:** _____

Address: _____ **Phone:** _____

Name: _____ **Relationship to child:** _____

Address: _____ **Phone:** _____

Pertinent Health History (allergies, problems, conditions): _____

Please let the child's classroom teacher know of the expected dismissal procedure.

Use the back of this form to include additional authorized names. My child may be released to anyone listed above. (\$25.00 per family)

Parent signature: _____ Date _____ Reg. fee paid _____

Email Address: _____