

St. Stephen School  
After School Program  
Registration Form 2018 – 2019

Child (ren)'s Name: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_

Father's Home Phone: (or same) \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_

Health or other Concerns: \_\_\_\_\_

Persons authorized to pick up child other than parents listed above:

\_\_\_\_\_  
(we will require an ID)

Additional Emergency Number \_\_\_\_\_

Please indicate the days your child will be attending the after school program with an X. If your child will be attending occasionally, please mark with an O.

\_\_\_\_\_ Monday

\_\_\_\_\_ Thursday

\_\_\_\_\_ Tuesday

\_\_\_\_\_ Friday

\_\_\_\_\_ Wednesday