

St. Michael Catholic School

After-School Care Registration and Emergency Form

THIS FORM SHOULD BE COMPLETED ON OR BEFORE YOUR FAMILY'S FIRST DAY OF AFTER-SCHOOL CARE

Student name(s): _____

Parent/guardian 1 name: _____

Work phone: (_____)_____ Mobile phone: (_____)_____

Parent/guardian 2 name: _____

Work phone: (_____)_____ Mobile phone: (_____)_____

Emergency contact name: _____

Work phone: (_____)_____ Mobile phone: (_____)_____

Emergency contact name: _____

Work phone: (_____)_____ Mobile phone: (_____)_____

List all of the people who are authorized to pick up your child(ren) from After-School Care:

List all of the people who are NEVER permitted to pick up your child(ren) from After-School Care:

Medical issues (asthma, peanut allergy, food allergies, bee allergies, etc.) and how we should handle issues that take place during After-School Care (inhaler, etc.):

