

**Resurrection Catholic School
After School Program Registration**

August 2019

Name and grade of each child registering for the ASP

Parent/Guardian information

Address _____

Home phone _____ cell phone _____

Employer's name and phone number

Emergency contact people

Name _____ phone _____

Name _____ phone _____

In case of an emergency my child may be taken to Lancaster General Hospital for treatment.

Parent/guardian signature

Pick-up information

Approximate time you will pick up your child. _____

The following people have your permission to pick-up your child/ren at the ASP.

Name _____ Relationship _____

Name _____ Relationship _____

I hereby agree that my child/ren will attend the ASP at Resurrection and comply with all the rules and regulations stated.

Parent/Guardian signature

Date