

Student's Name _____

Grade _____

(Last, First)

St. Kateri Parish School Before & After School Program Registration and Contact Information

Parent/Guardian(s) Name _____

Address _____ City _____

State, Zip _____ Child's DOB _____

Home Phone _____ Cell Ph. _____ Work _____

Student's Name _____ Grade/Teacher _____

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 the child arrive from? _____

Approximate Time _____ **Grade** _____

All financial arrangements for Before and After School care should be arranged with the office manager.

Payment will be included in tuition payment, unless prior arrangements have been arranged.

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

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

Are there any medical concerns the staff of the ASP (After School Program) should be aware of?

Yes _____ No _____

Please Explain:

In the event that I am **not** able to pick my child up from ASP, the following adults have my permission to pick my child up. (ID will be required.)

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

Parent/Guardian Signature

Date