



REGISTRATION FORM

Child(ren) Information

Child's Name _____ Grade _____ Birthdate _____

Child's Name _____ Grade _____ Birthdate _____

Child's Name _____ Grade _____ Birthdate _____

Child's Name _____ Grade _____ Birthdate _____

Pick-Up List

Please list persons authorized to pick up your child. Additional persons may be added to the back of this form.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Please list persons NOT AUTHORIZED to pick up your child on the back of this form.

Medical Conditions

Please indicate any medical conditions pertaining to your child (allergies, etc.):

Name _____ Condition _____

Name _____ Condition _____

In case of an emergency _____ Phone _____

Release

I release St. Mary's School, staff members, parish, and other personnel or volunteers from any liability while my child is in the after-school program. I assume responsibility for any illness or injury sustained during or as a result of the after-school program. By signing the form below I acknowledge that I have read all of the policies for the after-school program.

Parent/Guardian Full Name _____ Home phone _____

Address _____

Mobile phone _____ Work Phone _____

Parent/Guardian Signature _____ Date _____