



St. Denis – St. Columba School
After School Program Registration Form 2017-2018

Student Name _____ Birthdate _____ Grade: _____
 Student Name _____ Birthdate _____ Grade: _____
 Student Name _____ Birthdate _____ Grade: _____
 Student Name _____ Birthdate _____ Grade: _____

School District _____

Parents/Guardians Name _____

Home Address: _____

Home Phone _____

Work Phone (Father) _____ Work Phone (Mother) _____

Cell Phone (Father) _____ Cell Phone (Mother) _____

Please indicate below any medical conditions / allergies that we should be aware of for your child(ren)

IN CASE OF AN EMERGENCY EVERY EFFORT WILL BE MADE TO CONTACT THE PARENT

Please provide the name and contact information for someone other than the parent/guardian who may be contacted in the case of an emergency.

Emergency Name _____

Address _____

Phone _____

Relationship of this person to child: _____

Emergency Name _____

Address _____

Phone _____

Relationship of this person to child _____

AUTHORIZATION FOR PICK UP

Please list all individuals who have permission to pick up your child(ren) from the After School Program. Anyone not listed below will be unable to pick up your child unless a written notice is provided in advance.

Name of Person	Relationship to child	Phone

Hospital Preference _____

Doctor's Name _____ Doctor's Telephone Number _____