

SACRED HEART SCHOOL
AFTER-SCHOOL-CARE REGISTRATION FORM GRADES K-8

Family Name: _____ Home Phone: _____

Home Address: _____ City: _____ Zip: _____

Child: _____ Birthdate: _____ Grade: _____

Child: _____ Birthdate: _____ Grade: _____

Child: _____ Birthdate: _____ Grade: _____

Child: _____ Birthdate: _____ Grade: _____

Father's Name _____ Work/Cell Phone: _____

Employer: _____ Normal Hours of Work: _____

Mother's Name _____ Work/Cell Phone: _____

Employer: _____ Normal Hours of Work: _____

List any health problems of child, including allergies:

Emergency Contacts if parents cannot be reached:

Name: _____ Name: _____

Address _____ Address: _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

Check the days your child will attend the After School program:

Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Drop-In: ___ Emergency ___

Person permitted to pick up your child at the end of the day:

Name: _____ Phone: _____ Time: _____

Name: _____ Phone: _____ Time: _____

Name: _____ Phone: _____ Time: _____

Is there anyone who MAY NOT PICK UP YOUR CHILD/CHILDREN?

Name: _____ Name: _____