

**St. Mary's After School Program**  
**Student Registration Form**

Child's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age: \_\_\_ Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_  
Allergies or Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Information**

Mother's Name: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**Emergency Contacts**

Name: \_\_\_\_\_  
Relationship (to child): \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship (to child): \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship (to child): \_\_\_\_\_  
Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship (to child): \_\_\_\_\_  
Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

## **AUTHORIZED TO PICK UP YOUR CHILD(REN)**

Please list the names of all individuals who have permission to pick up your child(ren) from the after school program. We will only release your child to the people you have listed on this sheet. Please notify the staff of any changes to this list in person. You must contact a staff member prior to any pick up date where this information is changed. Phone call consent will not be sufficient as it is for the safety and well being of the children.

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_