



Saint Watch

After School Care Registration Form

Student Name: _____

Birth Date: _____ Male _____ Female _____ Grade _____

Address: _____

Home Phone Number: _____

Parents' Names: _____

Cell Phone: _____

Emergency Contact Person: _____

Emergency Contact Phone Number(s): _____

Relationship to Child: _____

Emergency Contact Person: _____

Emergency Contact Phone Number(s): _____

Relationship to Child: _____

Health Problems: *(allergies, asthma, diabetes, seizures, medication)*

People allowed to pick my child(ren) up are:

Days and times that my child will need after school care:

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____

Parent Signature: _____ Date: _____

