



St. Watch

After School Care Registration Form

Child Name: _____

Parent Names: _____

Birthdate: _____ Gender: M F Grade _____

Address: _____

Home Phone Number _____ Cell #'s _____

Email address _____

Emergency Contact #1 _____

Phone # _____ Relationship to child: _____

Emergency Contact #2 _____

Phone # _____ Relationship to child: _____

Health Issues (allergies, asthma, diabetes, seizures, medication): _____

People allowed to pick up my child/ren:

DAYS & TIMES that my child will need after school care:

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____

Parent Signature: _____ Date: _____