

St. Paul's After School Care Program

Registration Form

Please note: This registration form must be filled out and submitted to the program coordinator, along with the \$25 non-refundable registration fee, prior to your child's first day of attendance.

Parent or Guardian Information

Parent or Guardian's Name: _____

Parent or Guardian's Address: _____
(Street #) (City)

Parent or Guardian's Home Phone #: _____ Cell Phone #: _____

Parent or Guardian's Work Phone #: _____ Email: _____

Name of Emergency Contact other than Parent or Guardian: _____

Emergency Contact Address: _____
(Street #) (City)

Emergency Contact Phone #: _____

Child Information

If more room is needed, please use the back side of this sheet.

Child's Name	Child's Grade Level	Please Indicate Any Food Allergies
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the people who have permission to pick up your child(ren). Please include yourself. You may use the back side of this form if necessary.

Name	Driver's License Number
1. _____	_____
2. _____	_____

Please indicate how frequently you intend to have your child/ren make use of the after school care program.

____ On a weekly basis Child: _____ Days: M T W Th F Child: _____ Days: M T W Th F
____ A few times a month
____ Occasionally throughout the year

Permission Form

I have read, understand, and agree to the procedures established by St. Paul's Lutheran Church and School as stated in the After School Care program handbook. I agree to have my children participate in the St. Paul's After School Care program.

Signature _____ Date _____

Office Use Only: Date Received _____ Initials _____
