

# 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 non-refundable registration fee, prior to your child's first day of attendance.

### Parent or Guardian Information

Parent or Guardian's Name:

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Parent or Guardian's Address:

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(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:

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Emergency Contact Address:

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(Street #) (City)

Emergency Contact Phone #:

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### Child Information

Child's Name

Child's Grade Level

Please Indicate Any Food Allergies

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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 _____
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