

St. Paul's After School Care Program

Office Use Only: Date Received _____

Information Form

Please note: This registration form must be filled out and submitted to the program coordinator prior to your first day of attendance.

Parent Guardian Information

Parent or Guardian's Name: _____

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

Parent or Guardian's Home Phone #: _____

Parent or Guardian's Cell Phone #: _____

Parent or Guardian's Work Phone #: _____

Parent or Guardian E-mail address: _____

Name of Emergency Contact other than Parent or Guardian: _____

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

Emergency Contact Phone #: _____

Child(ren) Information

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.

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

Permission Form

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

Signature _____ Date _____