

Student's Name _____ Grade Fall 2019 _____
(Last, First)

St. Kateri Parish School Before & After School Program Registration and Contact Information

Parent/Guardian(s) Name _____
Address _____ City _____
State, Zip _____ Child's DOB _____
Home Phone (____) _____ Cell(____) _____ Work(____) _____
Email address _____

Student's Name _____	Grade/Teacher _____
Student's Name _____	Grade/Teacher _____
Student's Name _____	Grade/Teacher _____
Student's Name _____	Grade/Teacher _____

My child will be in: _____ Before School (7-8am) _____ After School (3pm-4pm)
(Check all that apply) _____ After School (3pm-5pm)
_____ After School (3pm-6pm)

IF ASP ONLY: What school will the child arrive from? _____
Approximate Time _____ **Grade** _____

**All financial arrangements for Before and After School care should be arranged with the Business Manager.
Payment will be included with tuition payment, unless prior arrangements have been arranged.**

In the case of an emergency, the following persons should be contacted:

Name _____ Phone Number (____) _____ Relationship _____
Name _____ Phone Number (____) _____ Relationship _____
Name _____ Phone Number (____) _____ Relationship _____

Are there any medical concerns the staff of the ASP (After School Program) should be aware of?

Yes _____ No _____

Please Explain: _____

In the event that I am not able to pick my child up from ASP, the following adults have my permission to pick my child up. (ID will be required.)

Name _____ Phone Number (____) _____ Relationship _____
Name _____ Phone Number (____) _____ Relationship _____
Name _____ Phone Number (____) _____ Relationship _____

Parent/Guardian Signature

Date