

Our Lady of the Angels School
Before/ After School Registration

Student Information

STUDENT NAME (last/first) _____ Grade _____
Allergies _____

STUDENT NAME (last/first) _____ Grade _____ Allergies _____

STUDENT NAME (last/first) _____ Grade _____ Allergies _____

Parent Information

Mother/Guardian

Place of Employment _____ Phone _____

Cell/Car Phone _____

Father/Guardian

Place of Employment _____ Phone _____

Cell/Car Phone _____

Emergency Physician

_____ Phone _____
Child's Physician _____ Phone _____

Emergency Release

In the event of an accident or serious injury and I cannot be reached at the numbers above, I hereby authorize the school to arrange emergency transportation to the nearest hospital emergency room for treatment.

Signature of Parent/Guardian Date _____

Billing Information

Bill to Name

Address

Registration

After School Please indicate pick up time. Latest possible pickup is at 5:30.

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Before School Please indicate drop off time.

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Handbook. I agree to the stated Policies and Procedures of the Before and After School Handbook, and give my child permission to participate fully in this program. I understand that my child may be suspended from the program for failing to adhere to stated policies.

Parent/Guardian Signature

Date