

Our Lady of the Angels School Before /After School Program 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 No \_\_\_\_\_

Cell Phone No: \_\_\_\_\_

Father/Guardian \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone No \_\_\_\_\_

Cell Phone No \_\_\_\_\_

Emergency Physician \_\_\_\_\_ Phone No \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone No \_\_\_\_\_

**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 and date:** \_\_\_\_\_

**Billing Information**

Bill to Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Registration**

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

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. Please list on the back of this form any person(s) you would allow to pick up your child should you be unavailable.

**Parent/Guardian Signature with date** \_\_\_\_\_