

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.

Contacts

Please list responsible persons who may pick up your child/ren should you not be able . Include phone numbers as well.

_____	_____
_____	_____
_____	_____
_____	_____

Parent/Guardian Signature with date
