

ALL SAINTS CATHOLIC SCHOOL
AFTER CARE PROGRAM
REGISTRATION

Please print and complete this entire form. This information is essential for accurate processing and care of your child/children. Return the form to the school office as soon as possible. Emergency information is also included for your convenience.

Student Information:

Name _____ Grade _____ DOB _____

Name _____ Grade _____ DOB _____

Name _____ Grade _____ DOB _____

Name _____ Grade _____ DOB _____

Parent Information:

Mother's Name _____ Father's Name _____

Address _____

Phone Number _____
Work Home Cell

_____ I choose Daily Monthly Plan

_____ I choose Drop In Plan

Alternative Information:

Please list any additional persons you have designated to pick up and sign your child/children out of After Care

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Family Name _____

Medical Information:

Family Physician _____
Name Phone Number

Dentist _____
Name Phone Number

Any Medical Conditions _____

Allergies _____

Daily Medications _____

Medical Insurance _____ Cert: _____

Emergency Information:

If parent/guardian cannot be reached, please notify the following in the case of an emergency:

1. _____
Name Phone Number Relationship

2. _____
Name Phone Number Relationship

Children will not be released unless signed out by a parent/guardian or person listed above or unless additional specific information and permission is given in writing by the parent is sent to the After Care Director.

Signature of Responsible Party

Date

After Care concerns and questions may be directed to:

Mrs. Patricia Hoover
302 995 2231
phoover@ascscde.org