

**Christ the King Catholic School**  
**After-School Care Program Registration Form**  
**2018-2019**

Family Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Email address (please print): \_\_\_\_\_

Cell Phone 1 (Name & Number) \_\_\_\_\_

Cell Phone 2 (Name & Number) \_\_\_\_\_

(Please print clearly)

Student Last Name

Student First Name

Grade in '18- '19

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please check one of the following:

<input type="checkbox"/> Full time (every day, 6:00 PM latest pickup time)	<input type="checkbox"/> Part time use, (6:00 PM latest pickup time)	<input type="checkbox"/> Occasionally/Drop-In, (6:00PM latest pickup time)	<input type="checkbox"/> 1 <sup>st</sup> Hour Only (3:45 PM latest pickup time. Strictly observed for \$5 rate!)
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If part time, please indicate which days or how often you anticipate using the After-Care Program:

\_\_\_\_\_

***Persons authorized*** to pick up my child/ren:

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

4. \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

***Persons not authorized to pick up my child/ren:***

1. \_\_\_\_\_ Relationship \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_

Parent or Guardian Signature

\_\_\_\_\_

Date