

**St. Anne Catholic School**  
**After School Care Program**  
**Registration Form 2011-2012**

Child's Full Name: \_\_\_\_\_ Birth Date \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Nickname: \_\_\_\_\_

***Parent/Guardian Information***

Mother's Full Name \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Occupational: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Occupational: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

Work Hours: \_\_\_\_\_

# ***Emergency Contacts***

**Primary Emergency Contact:** \_\_\_\_\_

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

Please indicate which number is best for the hours your child is in the after school care program:

\_\_\_\_\_

Relationship to child: \_\_\_\_\_

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

**Secondary Emergency Contact:** \_\_\_\_\_

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

Please indicate which number is best for the hours your child is in the after school care program:

\_\_\_\_\_

Relationship to child: \_\_\_\_\_

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

Allergies/Special Needs or Instructions/Medications: \_\_\_\_\_

\_\_\_\_\_

Adults authorized to pick up my child: \_\_\_\_\_

Immunization records: \_\_\_\_ on file, \_\_\_\_ complete, \_\_\_\_ incomplete

Signature of parent or guardian \_\_\_\_\_

Date: \_\_\_\_\_

*Registration fee of \$25.00 is due upon registering.* Paid: cash \_\_\_\_\_ check # \_\_\_\_\_