



# St. Anthony de Padua Catholic School After School Care Program Registration Form

(Please complete a separate form for each child attending)

Child Name \_\_\_\_\_ Child Age \_\_\_\_\_ Child Grade \_\_\_\_\_

1) Parent/Guardian Name \_\_\_\_\_

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

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

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

2) Parent/Guardian Name \_\_\_\_\_

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

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

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

Emergency Contact Person *(please call this person if I/we cannot be reached at the above numbers)*

Name/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

The following are authorized to pick up the above named child from St. Anthony School After School Care Program:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies: \_\_\_\_ Yes \_\_\_\_ No

If yes, please list allergy and action to be taken:

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Other Medical Conditions: \_\_\_\_ Yes \_\_\_\_ No

If yes, please list condition and action to be taken:

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List any NON MEDICAL special needs or other important information the staff should know about your child:

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