



St. Denis – St. Columba School  
**After School Program** Registration Form 2018-2019

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade: \_\_\_\_\_  
 Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade: \_\_\_\_\_  
 Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade: \_\_\_\_\_  
 Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade: \_\_\_\_\_

School District \_\_\_\_\_

Parents/Guardians Name \_\_\_\_\_

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

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

Work Phone (Father) \_\_\_\_\_ Work Phone (Mother) \_\_\_\_\_

Cell Phone (Father) \_\_\_\_\_ Cell Phone (Mother) \_\_\_\_\_

**Please indicate below any medical conditions / allergies that we should be aware of for your child(ren)**

\_\_\_\_\_  
 \_\_\_\_\_

**IN CASE OF AN EMERGENCY EVERY EFFORT WILL BE MADE TO CONTACT THE PARENT**

*Please provide the name and contact information for someone other than the parent/guardian who may be contacted in the case of an emergency.*

**Emergency Name** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship of this person to child: \_\_\_\_\_

**Emergency Name** \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship of this person to child \_\_\_\_\_

**AUTHORIZATION FOR PICK UP**

*Please list all individuals who have permission to pick up your child(ren) from the After School Program. Anyone not listed below will be unable to pick up your child unless a written notice is provided in advance.*

Name of Person	Relationship to child	Phone

Hospital Preference \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Telephone Number \_\_\_\_\_