



St. Denis – St. Columba School
After Care Program Registration Form 2023-2024

Student Name: _____	Grade: _____

Parent/Guardian Information

Parent/Guardian Name: _____
 Relationship to Student: Mother Father Guardian
 Address: _____

 Phone: _____ Home Mobile Work Phone: _____ Home Mobile Work

Parent/Guardian Name: _____
 Relationship to Student: Mother Father Guardian
 Address: (same as above) _____

 Phone: _____ Home Mobile Work Phone: _____ Home Mobile Work

Emergency Contacts

In case of an emergency, every effort will be made to contact the parent/guardian. Please provide the name and contact information for someone other than the parent/guardian who may be contacted if we are unable to reach a parent/guardian.

Emergency Contact Name: _____
 Phone: _____ Home Mobile Work Phone: _____ Home Mobile Work
 Relationship of this person to the student(s): _____

Emergency Contact Name: _____
 Phone: _____ Home Mobile Work Phone: _____ Home Mobile Work
 Relationship of this person to the student(s): _____

Authorization for Pickup

Please list individuals other than the parents/guardians who have permission to pick up your student(s) 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: _____	Relationship to student: _____
Name: _____	Relationship to student: _____
Name: _____	Relationship to student: _____

Health Concerns/Allergies

Please list any allergies or health concerns related to your student(s): _____

Return this form with \$20 per student registration fee to the School Office.