



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

Student Name:	_____	Grade:	_____
Student Name:	_____	Grade:	_____
Student Name:	_____	Grade:	_____
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.