

# ST. GREGORY'S AFTER SCHOOL REGISTRATION FORM 2009-2010

Family Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Telephone Number (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Child(ren) Names Attending Homeroom Food Allergies/Limitations

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

Indicate your needs for After School Care:

START DATE: \_\_\_\_\_

Days Attending: Weekly Basis: Monday---Friday

Daily Basis: M T W TH FR (please circle days attending)

As Needed Basis: \_\_\_\_\_

If you are signing up for the "as needed" basis, you MUST advise the school office in WRITING (Home to School Note is fine) by 8:30 a.m. of the day that care is needed.

The program staff will assume your child will be here on the days registered unless we are otherwise notified. If you must change days, the office MUST be notified in WRITING.

Person Authorized to pick up your child(ren) \_\_\_\_\_

Emergency Contact Person (other than parent, parent will always be first contact)

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

Address \_\_\_\_\_ Cell/Pager \_\_\_\_\_

I authorize St. Gregory the Great After School Program to seek the necessary medical care in case of an emergency.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Date)

Doctor's Name \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Phone Number \_\_\_\_\_

Identification Number \_\_\_\_\_

Is there any other pertinent information in regards to your child(ren) that the After School Program personnel should be aware of?

\_\_\_\_\_  
St. Gregory's School Emergency/Medical Awareness Card will be on file with the after school program personnel.

**THIS FORM MUST BE COMPLETED AND RETURNED TO THE SCHOOL OFFICE BY AUGUST 27, 2009 IN ORDER TO PARTICIPATE IN THE PROGRAM THE FIRST DAY OF SCHOOL. PAYMENT MUST BE ATTACHED TO APPLICATION AT THE SAME TIME.**