

2010-2011

ST. GREGORY'S AFTER SCHOOL REGISTRATION FORM

\$5.00 Registration/Family Payment Method: _____ Date: _____

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 26, 2010 IN ORDER TO PARTICIPATE IN THE PROGRAM THE FIRST DAY OF SCHOOL. PAYMENT MUST BE ATTACHED TO APPLICATION AT THE SAME TIME.