

CATHEDAL PARISH SCHOOL
AFTER SCHOOL CARE PROGRAM

REGISTRATION
\$35.00 PER CHILD

School year _____

Name of child _____

Birth date _____ Grade _____

FAMILY INFORMATION

FATHER

MOTHER

Name _____	_____
Telephone numbers	
Home _____	_____
Work _____	_____
Cell _____	_____
Beeper _____	_____
Addresses	
_____	_____
_____	_____

List any known allergies: _____

List below the information requested of persons who have agreed to assume responsibility for your child when parents or guardians are not available.

Name _____	Name _____
Relationship _____	Relationship _____
Telephone numbers	
Home _____	Home _____
Work _____	Work _____

PLEASE CIRCLE ALL DAYS WHEN CHILD CARE WILL BE NEEDED:

Monday Tuesday Wednesday Thursday Friday

Parents are required to sign out children at pick up time. If someone other than a parent or guardian will be picking up your child, you must provide a **written note of authorization on the previous day.**