



SAINT JEROME SCHOOL
After School Program Registration Form
School Year 2019-2020

After School Program Registration Form

Name of child _____ Grade _____ full-time use part-time use

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Please provide any information below that would be helpful for the After School Program caretakers to be aware of while caring for your child or children (i.e. food allergies, medications, health conditions):

Please list the name(s) of the individual(s) who have permission to pick your child/children up from the After School Program:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Parent's Signature _____

Emergency Information

Mother's Name _____ Father's Name _____

Mother's Cell Phone _____ Father's Cell Phone _____

Mother's Work Phone _____ Father's Work Phone _____

In the event that the student's parents cannot be reached, please provide the name, relationship and phone # of a person or persons that we may contact in case of an emergency:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____