

St. Anthony School

"A Foundation For Life"

**AFTER SCHOOL REGISTRATION FORM**

**\*Registration Form must be on file, and the registration fee must be included.**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

**TWO EMERGENCY CONTACTS**

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

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

My child may also be picked up by: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any allergies and health issues: \_\_\_\_\_

\_\_\_\_\_

I GIVE MY CHILD PERMISSION TO ATTEND THE ST. ANTHONY AFTER SCHOOL PROGRAM AND HAVE READ AND AGREED TO ABIDE BY ALL THE RULES AND REGULATIONS OUTLINED ON THE AFTER SCHOOL FACT PAGE

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Emergency phone number is the name of a relative, friend, or neighbor who is able to pick up your child within a few minutes in case of illness, behavioral issues, or emergency closings. Your child will not be accepted into the program without this type of contact person available.\**