Our Lady of the Angels School Before / After School Program Registration

Student Name: (last/first): Grade Allergies: Allergies: Student Name: (last/first): Grade Allergies:	Student Informati	<mark>ion</mark>					
Student Name: (last/first):	Student Name: (la	st/first):		Grade	e	Allergies:	
Parent Information: Mother/Guardian Father/Guardian Place of Employment: Place of Employment: Cell Phone/Preferred No: Cell Phone No Cell Phone No _	Student Name:(las	st/first):		Grad	e	Allergies:	
Mother/Guardian Father/Guardian Place of Employment:	Student Name:(las	st/first):		Grade	e:	Allergies:	
Place of Employment Place of Employment:	Parent Informatio	on:					
Emergency Release In the event of an accident or serious injury and I cannot be reached at the numbers above, I hereby authorize the school to arra emergency transportation to the nearest hospital emergency room for treatment. Signature of Parent/Guardian and date: Child's Physician Phone No Billing Information Bill to Name: Address: Registration After School Please indicate pick up time. Latest possible pickup is 5:30 pm. Monday Tuesday Wednesday Thursday Friday Before School Please indicate drop off time. Monday Tuesday Wednesday Thursday Friday PLEASE LIST ALL NAMES AND TELEPHONE NUMBERS, RESPONSIBLE PERSONS FOR PICKUP SHOULD YOU NOT BE AB.	Mother/Guardian			Father/	'Guard	ian	
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	Monday	Tuesday	Wednesday	Thursday	Fr	iday	
STUDENTS WILL NOT BE RELEASED TO ANY PERSON WITHOUT WRITTEN AUTHORIZATION.	PLEASE LIST ALL	NAMES AND	TELEPHONE NUMBEI	RS, RESPONSIBLE PE	RSON	S FOR PICKUP SHOULD YOU NOT BE ABLE	
	STUDENTS WILL	NOT BE RELE	ASED TO ANY PERSO	N WITHOUT WRITTE	N AU	THORIZATION.	
Name Telephone Relation to Student	Name		Telephone		Relation to Student		
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Handbook Policy:. I agree to the stated policies and procedures of the Before and After School Program, and give my child permission to participate fully in this program. I understand that my child may be suspended from the program for failing to adh	to stated policies.	licipate fully in	ınıs program. Tünderst	and that my child may	v be su	spenued ारणा। तांe program for failing to adher	

Parent/Guardian Signature with date_