

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

**Student Information**

Student Name: (last/first): \_\_\_\_\_ Grade \_\_\_\_\_ Allergies: \_\_\_\_\_

Student Name:(last/first): \_\_\_\_\_ Grade \_\_\_\_\_ Allergies: \_\_\_\_\_

Student Name:(last/first): \_\_\_\_\_ Grade: \_\_\_\_\_ Allergies: \_\_\_\_\_

**Parent Information:**

Mother/Guardian \_\_\_\_\_

Father/Guardian \_\_\_\_\_

Place of Employment \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Cell Phone/Preferred No: \_\_\_\_\_

Cell Phone/Preferred No : \_\_\_\_\_

**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 arrange 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 ABLE. STUDENTS WILL NOT BE RELEASED TO ANY PERSON WITHOUT WRITTEN AUTHORIZATION.**

<i>Name</i>	<i>Telephone</i>	<i>Relation to Student</i>

**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 adhere to stated policies.

**Parent/Guardian Signature with date** \_\_\_\_\_