

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

Student Information:

Name: _____ Grade: _____ Allergies: _____

Name: _____ Grade: _____ Allergies: _____

Name: _____ Grade: _____ Allergies: _____

Parent Information:

Mother/Guardian: _____ Father/Guardian: _____

Place of Employment: _____ Place of Employment: _____

Cell/Preferred Phone # _____ Cell/Preferred Phone # _____

Billing Information:

Bill to Name: _____

Address: _____

Registration:

After School – Please indicate anticipated pick up time for each day. Latest possible pick up is 5:30 p.m.

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Before School – Please indicate drop off time. Earliest drop off is 7:00 a.m.

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Authorized Adults Who Can Release My Child in my Absence - Students will only be dismissed to persons listed here:

Name	Telephone	Relationship to Student

Emergency Release:

In the event of an accident or serious injury and if I cannot be reached, I authorize the school to arrange emergency transportation to the nearest hospital emergency room for treatment.

Child's Physician: _____ Telephone: _____

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: _____ **Date:** _____