

**HOLY TRINITY SCHOOL AFTER CARE PROGRAM
REGISTRATION FORM
2011-2012**

Last Name _____

Address _____

Telephone _____ Alternate Telephone _____

Child's Name _____ Birth date _____ Grade _____

Child's Name _____ Birth date _____ Grade _____

Child's Name _____ Birth date _____ Grade _____

Name of Parent(s) and phone numbers they can be reached at during After Care hours:

Mother _____ Telephone Number _____

Father _____ Telephone Number _____

If emergency treatment is required, can school authorities use their own judgment in sending the child to the hospital or doctor most easily accessible before the parents are reached? _____

If "no" please give name of preferred hospital _____

Please indicate any disabilities your child/children may have that could assist school authorities during an emergency

Parent's Signature _____

Schedule of Attendance: (Please check all that apply)

Days of Attendance: ___ Monday ___ Tuesday ___ Wednesday
 ___ Thursday ___ Friday ___ All Week

Approximate pick-up time _____

The following person(s) is/are authorized to pick up my child/children (with photo ID):

Name _____ Phone Number _____ Relationship to child _____

Name _____ Phone Number _____ Relationship to child _____

Name _____ Phone Number _____ Relationship to child _____

Name _____ Phone Number _____ Relationship to child _____

Date _____ Parent's Signature _____