

**Saint Christopher School  
After School Program  
Registration**

**Please complete each item.**

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

Grade in September \_\_\_\_\_ Date of Birth \_\_\_\_\_

Days Attending \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**In Case of Emergency:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**Medical Information:**

Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Additional Information \_\_\_\_\_

**Saint Christopher School  
After School Program  
Parental Permission**

The After School Program staff is unable to release any child/children to someone other than a parent or guardian without written permission. Please complete the following items to indicate those individuals who have permission to pick up your child/children from the After School Program.

I grant the following individuals permission to pick up my child/children,

\_\_\_\_\_, from the After School Program.

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_

If there is a change in permission for any individual, I will inform the staff in writing.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_