



ST. JOSEPH SCHOOL

30 MEADOW AVENUE, BRONXVILLE, NEW YORK 10708

(914) 337-0261
FAX (914) 395-1192

BEFORE AND AFTER SCHOOL PROGRAM 2021-2022 REGISTRATION FORM

Please complete the Registration and Emergency Information form for each family enrolled in the program and return to the School Office with the \$25.00 Family Registration Fee. No child may attend the program without this information.

Family Name: _____

Student Information:

1. Student's Name: _____ Grade: _____

2. Student's Name: _____ Grade: _____

3. Student's Name: _____ Grade: _____

Allergies/Medical needs or other special information:

Student #1: _____

Student #2: _____

Student #3: _____

Parent/Guardian Information:

Parent/Guardian Name: _____

Cell #: _____ Email: _____

Home #: _____ Work #: _____

Please Complete Form →

Emergency Contacts (Someone other than the parent/guardian):

If a parent or guardian cannot be reached the following individual(s) will be contacted in the event of an emergency. In addition, they are considered authorized persons for pickup.

Emergency Contact # 1

Name: _____ Cell #: _____

Relationship to the child/children: _____

Email: _____

Home #: _____ Work #: _____

Emergency Contact #2

Name: _____ Cell# _____

Relationship to child/children: _____

Email: _____

Home #: _____ Work#: _____

Acknowledgement & Agreement:

I agree and understand this is an optional service for current SJS students. Students in Before and/or Aftercare must act according to SJS rules and behavior, as stated in the Student Handbook. Parents/Guardians agree that they have read and accept the additional policies for this program.

Parent/Guardian Signature: _____ Date: _____