



AFTER CARE REGISTRATION
FORM

Child's Name: _____ Grade: _____

Address: _____

Home Phone: _____ Birth Date: _____ Age: _____

Mother/Guardian's Name: _____	Father/Guardian's Name: _____
Address: _____	Address: _____
Cell Phone: _____	Cell Phone: _____
Business Phone: _____	Business Phone: _____
Emergency Contact (other than parent/guardian): _____	
Phone: _____	
Persons (other than parent/guardian) designated to pick up your child:	

<i>NOTE: If someone other than those designated comes to pick up your child, the child will not be released. Identification must be provided.</i>	

I will be utilizing the Pope John XXIII Middle School Program after care program on the following days:

M T W Th Fr

I will be utilizing the Pope John XXIII Middle School as needed and will send a note to inform the school no later than the day prior.

I understand that pick-up from after care is 6:00p.m. sharp.

Name of Child: _____

Child's Doctor: _____

Phone Number: _____

Medication child is taking, reason, and possible side effects:

Allergies or Dietary Restrictions:

Does your child have any special needs or behaviors we might anticipate?

Special interests/activities your child enjoys:
