

LAST NAME: \_\_\_\_\_

St. John the Baptist School  
BeforeCare/AfterCare Program Registration Form  
2018—2019



Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade 2018/2019 \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade 2018/2019 \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade 2018/20189 \_\_\_\_\_

**MOTHER/ GUARDIAN**

Name \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_

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

Email address \_\_\_\_\_

**FATHER/ GUARDIAN**

Name \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_

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

Email address \_\_\_\_\_

**In the event of an emergency, every effort will be made to notify parents. If necessary, a child(ren) will be transported to the closest medical facility by emergency vehicle. We will continue to attempt to notify parents.**

Medical Alerts: \_\_\_\_\_

Allergies: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Medications: \_\_\_\_\_

Please check appropriate response:

\_\_\_ I **DO** give permission for my child to be photographed and the photos used by St. John the Baptist School.

\_\_\_ I **DO NOT** give my permission for my child to be photographed and/or photos displayed.

**I acknowledge that I have read all information above and given to me and agree to adhere to the guidelines, information, and procedures set by the St. John the Baptist AfterCare Program. The information provided on the enrollment form is, to the best of my knowledge, current and accurate. I will update After School Care when contact information changes. Payment of the non-refundable registration fee accompanies this Registration Form.**

\_\_\_\_\_  
Parent's (Guardian's) Name (please print)

\_\_\_\_\_  
Parent's (Guardian's) Signature & Date

List the name and contact information for **ALL** persons authorized to pick-up your child.

***These individuals may also be contacted in the event of an emergency if a parent/guardian can not be reached.***

Photo identification may be requested by St. John the Baptist After Care staff.

Children are not allowed to enter or leave facility without being escorted by a parent or adult person authorized by parents or aftercare personnel. **UNDER NO CIRCUMSTANCES** will St. John the Baptist Aftercare release a child to anyone NOT identified on the form provided for authorized pickup, or not otherwise known to school staff without specific written authorization from parent/ guardian who enrolled the child. It is the responsibility of the enrolling parent to provide legal documentation if a child is NOT to be released to a non-custodial parent or individual.

I authorize St. John the Baptist After Care to release my child to the persons listed below :

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Address: \_\_\_\_\_