

**SAINTS PETER AND PAUL SCHOOL**

**AFTERCARE REGISTRATION FORM**

**Parents Name:** \_\_\_\_\_

**Days of attendance (Check needed slots) M\_\_ T\_\_ W\_\_ TH\_\_ F\_\_**

**There is a non refundable \$5 registration fee for each child.**

**STUDENT'S NAME(S):** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

\_\_\_\_\_ **GRADE:** \_\_\_\_\_

\_\_\_\_\_ **GRADE:** \_\_\_\_\_

**EMERGENCY CONTACTS: MUST HAVE AT LEAST ONE PERSON IN THE IMMEDIATE AREA (EAST OF THE CHESAPEAKE BAY BRIDGE)**

**FATHER'S WORK PHONE #:** \_\_\_\_\_ **CELL#** \_\_\_\_\_

**MOTHER'S WORKPHONE #:** \_\_\_\_\_ **CELL#** \_\_\_\_\_

**+ PLEASE INDICATE WHICH NUMBER TO CALL FIRST. +**

**E-MAIL ADDRESS:** \_\_\_\_\_

**OTHER PERSONS AUTHORIZED TO PICKUP CHILD(REN):**

**NAME:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**(Please attach a separate sheet for additional names of persons authorized to pickup your child)**

**ALLERGIES, MEDICAL CONDITIONS, OR HEALTH CONCERNS:**

\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY MEDICAL CONSENT TO HOSPITAL OR PHYSICIAN**

**I give my consent to Emergency Medical Care to be provided to my children while in the care of Saints Peter and Paul School Aftercare.**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**