

ST. MARK AFTER SCHOOL CHILD CARE REGISTRATION FORM

(Use one form per child)

Name of Child \_\_\_\_\_ D. O.B. \_\_\_\_\_

Parents \_\_\_\_\_

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

Mother's Cell Phone \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_

Father's Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Emergency Contact Information:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Permission Granted to provide emergency care: \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Name of Child's Physician \_\_\_\_\_

Clinic & Phone Number \_\_\_\_\_

Name & Phone Number of approved guardians for pick-up of child

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Additional Information

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