

ST. MARK BEFORE AND AFTER SCHOOL PROGRAM REGISTRATION FORM

(Use one form per family)

Name of Child _____ D. O.B. _____

Name of Child _____ D. O.B. _____

Name of Child _____ D. O.B. _____

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: name & phone # (other than parents)

1) _____

2) _____

3) _____

Permission granted for St. Mark Lutheran staff 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(ren)

1) _____

2) _____

3) _____

Additional Information (allergies, special medical instructions, etc)

