

Saint Martin de Porres School • Before Care & After Care Program Registration Form • 2024-2025

Student Name	Date of Birth	Grade	Medical Condition(s)	Allergies

Home Address _____

Parent/Guardian Name	Relationship	Cell Phone	Work Phone

IN CASE OF AN EMERGENCY EVERY EFFORT WILL BE MADE TO CONTACT THE PARENT/GUARDIAN

Please provide the name and contact information for someone other than a parent/guardian who may be contacted in case of an emergency.

Emergency Contact Name	Relationship	Cell Phone

Registration Fee:
\$50.00

AUTHORIZATION FOR PICKUP

Please list all individuals who have permission to pick up your child(ren) from the After School Program. Anyone not listed below will be unable to pick up your child unless a written notice is provided in advance.

Name of Person	Relationship	Cell Phone

FOR OFFICE USE ONLY:

Check No. _____

Check Amt. _____

Date Rec'd _____

Hospital Preference _____

Doctor's Name _____

Doctor's Telephone Number _____

Parent's Signature _____ Date _____

Please circle the days you plan to use the program(s).

Before Care: M T W Th F

After Care: M T W Th F

As Needed Basis: M T W Th F

