



## Aftercare Registration

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Allergies \_\_\_\_\_ Alerts \_\_\_\_\_

Mother's Name \_\_\_\_\_

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

Father's Name \_\_\_\_\_

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

Emergency Contact:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

I give permission for the following adults to pick up my child from the Holy Cross Primary School Aftercare Program.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

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