

SCHOOL'S RIGHT TO AMEND

The program reserves the right to amend the handbook for just cause. Parents will be notified promptly, in writing, if changes are made.

In order to provide service for your child, the following agreement must be signed by both parents and/or legal guardians.

Please return to After School Care Director

We have read and agree to be governed by this handbook.

Child's name: _____

Parents' Signatures: _____

Date: _____

SACRED HEART AFTER SCHOOL CARE

REGISTRATION FORM

This form will be used for emergency purposes also.

NAME OF CHILD _____

GRADE/TEACHER _____ Birthday _____

ADDRESS _____

MOTHER _____

ADDRESS (if different from child) _____

PHONE: Home _____ Cell _____

Work _____ Ext. _____

Email Address: _____

FATHER _____

ADDRESS (if different from child) _____

PHONE: Home _____ Cell _____

Work _____ Ext. _____

Email Address: _____

PLEASE CIRCLE THE DAYS YOUR CHILD WILL ATTEND

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY ALL

PLEASE CIRCLE THE HOURS AFTER SCHOOL CARE IS NEEDED

3-4 P.M.

3-5 P.M.

LIST ANY MEDICAL CONDITIONS: ALLERGIES, HANDICAPS, LIMITATIONS:

LIST ANY SPECIAL INTERESTS FO YOUR CHILD:

CHILD/FAMILY NAME: _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD/CHILDREN

This form will be used for emergency purposes also.

NAME: _____

RELATIONSHIP: _____

PHONE: Home _____ Work _____ Ext. _____

Cell _____

NAME: _____

RELATIONSHIP: _____

PHONE: Home _____ Work _____ Ext. _____

Cell _____

NAME: _____

RELATIONSHIP: _____

PHONE: Home _____ Work _____ Ext. _____

Cell _____

NAME: _____

RELATIONSHIP: _____

PHONE: Home _____ Work _____ Ext. _____

Cell _____

NAME: _____

RELATIONSHIP: _____

PHONE: Home _____ Work _____ Ext. _____

Cell _____