

ST. VINCENT DE PAUL CATHOLIC SCHOOLS  
**Elementary After School Care Registration Form**

Student Name: 1) \_\_\_\_\_ Teacher \_\_\_\_\_  
2) \_\_\_\_\_ Teacher \_\_\_\_\_  
3) \_\_\_\_\_ Teacher \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

**PEOPLE WHO HAVE PERMISSION TO PICK UP MY CHILD.** Parents listed above will always be able to pick up their children unless the ASC program is otherwise notified. If the person picking up your child is not listed below, please send a signed note to the office or the person will not be able to pick up your child.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Please note any allergies, medical concerns, or medications taken for any of the students listed above.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My signature below indicates that I have read the information for the St. Vincent After School Care Program and agree to follow all guidelines. I authorize ASC personnel to use the above information in the care/safety of my child/children.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_