

ST. VINCENT DE PAUL CATHOLIC SCHOOLS
Elementary Before 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 BSC program is otherwise notified.

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 Before School Care Program and agree to follow all guidelines. I authorize BSC personnel to use the above information in the care/safety of my child/children.

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