

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: \_\_\_\_\_