

Saint Stephen's School
After-School Care Program Registration Form

CHILD INFORMATION:

Name of Child _____ Child's Age _____

Address _____ Grade _____
_____ #Days/week attending _____
Home Phone # _____

PARENT INFORMATION:

Mother _____	Father _____
Address _____ _____	Address _____ _____
Home Phone# _____	Home Phone# _____
Cell or work# _____	Cell or work# _____
Place of Employment: _____	Place of Employment: _____

EMERGENCY INFORMATION:

Persons other than yourself with permission to pick up your child & contact in an emergency:

Name _____	Name _____	Name _____
Phone# _____	Phone# _____	Phone # _____
Relationship _____	Relationship _____	Relationship _____

MEDICAL INFORMATION:

Does the child have any Allergies or Medical Conditions we should know about?

Any Dietary Limitations we need to know? _____

Child's Doctor _____ Address _____

Doctor's Phone # _____

In the event that a medical emergency occurs, I authorize St. Stephen's to seek emergency medical care for my child as deemed necessary by the director.

Signature _____ Date _____

DISCIPLINE POLICY AGREEMENT

I have read and understand the St. Stephen's Discipline policy stated in the Handbook. I understand that my child's enrollment in the After-School Program

is contingent upon my child's behavior. I understand that this program maintains socialized group settings and encourages children to participate in all activities.

Consistent behavior disruptions that could endanger the well-being of their children and / or the aide could result in termination from the program.

For: (child's name) _____

Parent Signature: _____ Date: _____

FOR ST. STEPHEN'S USE ONLY:

DATE OF ENROLLMENT: _____

CHECK # _____